

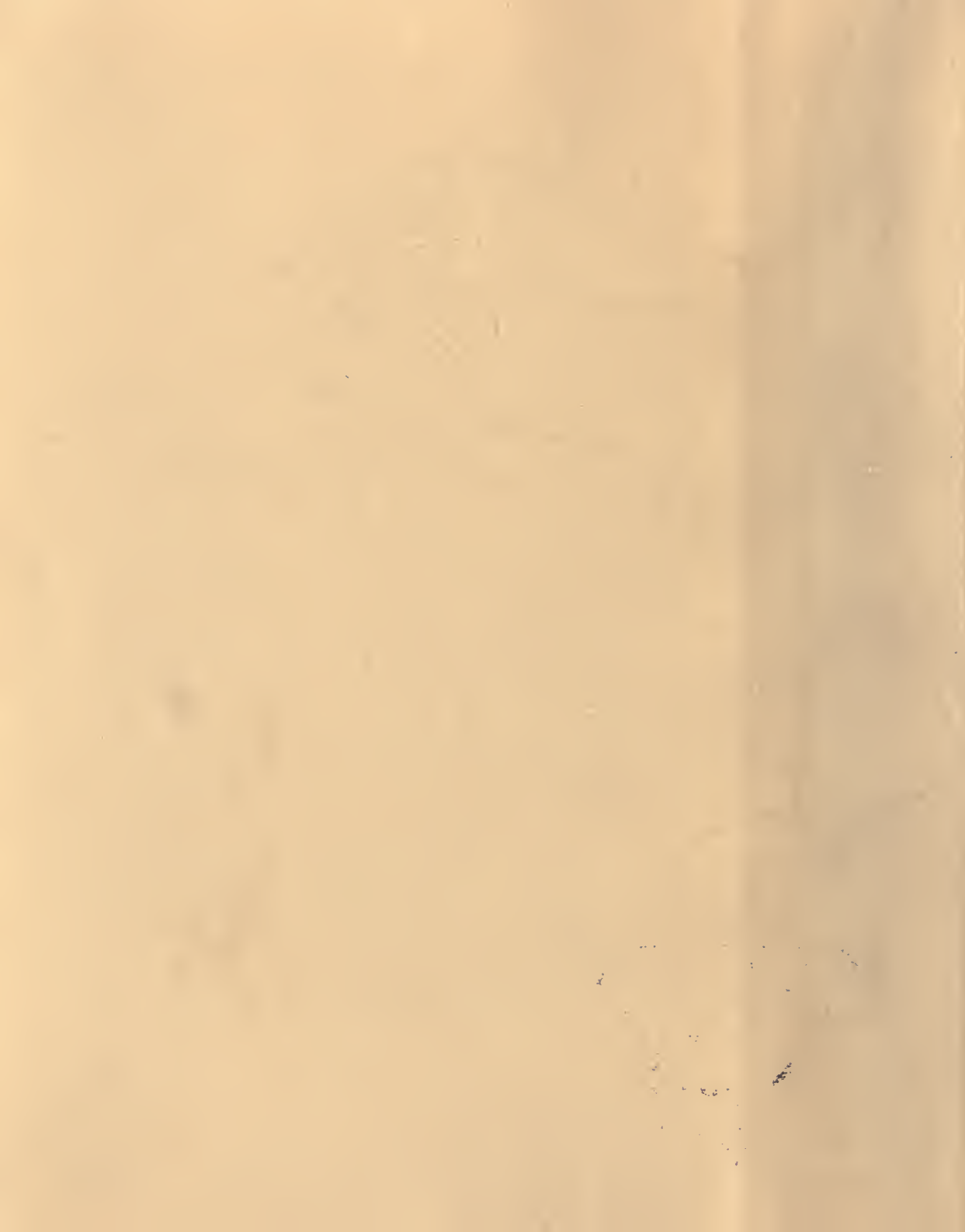
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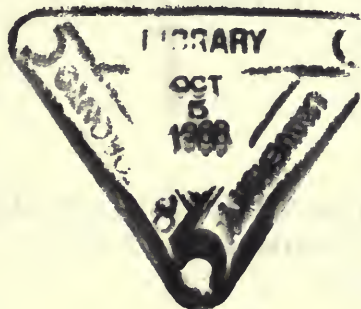
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INFORMATION FOR CONTRIBUTORS/ADVERTISSEMENTS AUX AUTEURS

The Bibliotheca Medica Canadiana is a vehicle for providing increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editors are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

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: LIBRARY AND INFORMATION SCIENCE ABSTRACTS (LISA)
CUMULATIVE INDEX TO NURSING & ALLIED HEALTH
LITERATURE (CINAHL)

FROM THE EDITORS

Since this issue of the BMC marks the departure of Bonnie Stableford after three years on the Editorial Team it seems fitting for the Assistant Editor to lament this event in the public forum and to acknowledge the immense contribution that Bonnie has made to BMC's development. Her act will be hard to follow and one will be grateful to have Tom Flemming of McMaster University to share the burden.

All in all this has been a summer of frenetic activity, challenges and change. The preparation of this issue of the BMC took place amid a move; the new address for the O.M.A., and thus the BMC's future editorial address for Vol. 7, No. 2 through Vol. 8, No. 1, is given on page 41. Nonetheless time was found to attend both the MLA Annual Conference in New York and the CHLA Annual Meeting in Calgary.

Vastly different in scale and setting, each conference managed, paradoxically, to serve both as a complement and a counterpoint to the other, a theme elaborated upon in the Word from the President on the page following. Praise for the MLA Conference will be left to BMLA; suffice it to say here that the organizing committee of the Calgary meeting did a splendid job. The results of some of their efforts are published in this issue; other papers will appear in Vol. 7, No. 2. For those CHLA members who were unable to go to Calgary it is hoped that these papers will convey some of the flavour of an exciting, challenging meeting. Future issues of BMC will attempt, with your input, to explore further some of those challenges.

Bonita Stableford
Editor

Jan Greenwood
Assistant Editor

* * * * *

A WORD FROM THE PRESIDENT

Diana Kent

In a period of two and one-half weeks, between May 26 and June 12 of this year, I had the privilege of attending two health libraries conferences. The first was the Medical Library Association 85th Annual Meeting in New York City and the second was the Canadian Health Libraries Association/Association des Bibliothèques de la Santé du Canada 9th Annual Meeting in Calgary.

What were the main differences and similarities between them?

Numerically, the differences were obvious.

While this was MLA's 85th Annual Meeting; it was only CHLA's 9th.

MLA conference registration was approximately 1,850; CHLA's was 100.

MLA conference days numbered seven; CHLA conference days totalled four.

MLA often had papers scheduled in two to six concurrent sessions; on the other hand CHLA quite sensibly had only one speaker scheduled at a time.

The similarities are to be found in the content of the programs.

The theme of MLA's meeting was "New Venture, New Roles...". CHLA's theme was "Health Information Providers: their Role by 1995". Both conferences provided information on various aspects of the management of medical libraries using the new technologies, the present and future challenges to medical libraries, the librarian's role in medical education and continuing medical education, survival techniques and adaptation to changes, users' attitudes toward library services, electronic publishing, video disc technology, networks and networking, computer assisted learning, online end-user services and aids to physicians' decision making.

In other words, many of the same issues and trends were addressed.

Although CHLA numbers are smaller and it has been in existence for a shorter time, we are definitely not lagging behind our MLA counterparts in an awareness of the major issues. The 1985 Calgary meeting, the 1984 Toronto meeting and those in preceding years demonstrate that we are ably coping with the challenges facing health sciences libraries in the information age.

UN MOT DE LA PRESIDENTE

Diana Kent

Pendant une période de deux semaines et demie, entre le 26 mai et le 12 juin de cette année, j'ai eu le plaisir de participer à deux conférences de bibliothèques de la santé. La première était la 85e assemblée annuelle de la Medical Library Association à New York. La deuxième était la 9e assemblée annuelle de l'Association des bibliothèques de la santé du Canada (Canadian Health Libraries Association) tenue à Calgary.

Quels ont été les principaux points de divergence et de similitude?

Du point de vue chiffres, les différences étaient évidentes. Dans le cas de la MLA, il s'agissait de la 85e assemblée annuelle; dans celui de l'ABSC, la 9e seulement. Il y avait environ 1850 participants à New York, un centaine à Calgary. La conférence de la MLA a duré sept jours, celle de l'ABSC quatre. Il y avait souvent, à New York, de deux à six exposés simultanés, tandis que l'ABSC avait sagement prévu un seul conférencier à la fois.

C'est du côté du programme qu'on trouve des ressemblances. Le thème à New York était "Entreprises nouvelles, rôles nouveaux". Le thème de l'ABSC était "Les fournisseurs d'information en santé: leur rôle d'ici 1995". Les deux conférences ont abordé divers aspects de la gestion des bibliothèques médicales à l'aide de la nouvelle technologie, ainsi que les défis actuels et futurs des bibliothèques médicales, le rôle des bibliothécaires en formation médicale permanente et autre, les méthodes d'adaptation aux changements, l'attitude des utilisateurs en matière de services de bibliothèque, l'édition électronique, la technologie des vidéodisques, les réseaux et leur mise sur pied, l'enseignement assisté par ordinateur, les services en direct pour utilisateurs finals et les outils de prise de décision pour les médecins. Autrement dit, les questions d'intérêt commun étaient multiples.

Même si l'ABSC est moins nombreuse et plus jeune, nous ne traînons pas du tout derrière nos homologues de la MLA en matière de sensibilisation aux questions d'importance. La rencontre de 1985 à Calgary et celles de Toronto et des années précédentes montrent bien que nous savons relever le défi que l'ère de l'information a lancé aux bibliothèques des sciences de la santé.

REPORT OF THE CHLA REPRESENTATIVE/LIAISON TO THE MEDICAL LIBRARY ASSOCIATION

Diana Kent

Woodward Biomedical Library
University of British Columbia

I am pleased to report that 1984/85 has been a successful year for communication between the two associations.

In July 1984, the question was raised with MLA as to whether the Bilateral Agreement should be modified so that the registration fee of the two representatives at each association's annual meeting should be waived regardless of the membership status of these representatives in the other association. On February 1, 1985, the MLA Board of Directors amended the 1979 Bilateral Agreement (Section 4 - Official Delegates - Second Paragraph) as follows:

In accordance with the actions of the CHLA/ABSC Board of Directors at its February 1984 meeting, and the MLA Board of Directors at its December 1984 meeting, registration fees at annual meetings will be waived for delegates of both organizations, irrespective of membership status.

Representatives at each annual meeting are asked to attach a letter to the registration form indicating their special status in order to receive the fee waiver.

As the amount of the registration fees and the activities included were not specifically identified in the amendment, MLA was again queried and a subsequent letter from Mr. Raymond A. Palmer, Executive Director of MLA, stated that "the all-inclusive conference fees will be waived for the CHLA/ABSC liaison".

In a follow-up conversation at the MLA Annual Meeting in New York on May 26, Ray Palmer agreed that the all-inclusive fee would be waived for all future annual meetings.

Dr. M. Kent Mayfield, MLA Director of Education, met with Margaret Taylor, David Crawford and Diana Kent on Monday, May 27 at the MLA Annual Meeting in New York. The current status of CHLA/ABSC sponsored continuing education courses and automatic MLA accreditation of these courses was discussed to attempt to clarify correspondence between Dr. Mayfield and CHLA members. The question has been resolved satisfactorily, so that CHLA/ABSC will know how to proceed in the future to acquire MLA accreditation for CHLA/ABSC sponsored CE courses.

As the CHLA liaison to MLA Diana Kent attended the 1985 Medical Library Association Annual Meeting in New York from May 26 to May 30. Gerald J. Oppenheimer, the MLA to CHLA liaison person was most helpful, and provided introductions to both past and new members of the MLA Board of Directors, as well as to many other MLA members. Gerry also attended a Canadian members dinner on Tuesday evening, May 28. The liaison representative observed a meeting of the International Cooperation Committee.

The following comprises the full text of Nina Matheson's stimulating keynote address at the CHLA/ABSC 9th Annual Meeting.

CHANGING TIMES, CHANGING ROLES, CHANGING PLACES

Nina Matheson

Director and Associate Professor
of Medical Information
Johns Hopkins University

Thank you for inviting me to Calgary to talk about the prospects for our profession. I have titled this talk, "Changing Times, Changing Roles, Changing Places." Six months ago Bill Maes defined the scope of this talk in this way:

"...focus on the implications for health information providers, on the different scenarios outlined in the 1982 AAMC report. How will, for example, the roles of medical centre library personnel, as well as personnel of smaller hospital libraries, change as a result of the introduction of the new technology? If they are still to serve as information managers and intermediaries, how will they manage and mediate? Will new special skills be required? Will their positions be replaced by a new breed of information specialists?"

This morning I am going to try to address some of the issues raised in Bill's questions. I am not going to talk about the AAMC report directly. The answers to his question about what we will be doing ten years from now won't be found in that report, but in the answers to two other questions: "Who are you?" and "What are you doing now?" Who is introducing the new technology in your medical centre or hospital? Is it you? Are you a party to it? If it is you, then you are an information manager and the answer to the question is that you already know what to expect and why. If you are not actively introducing the new technologies into your organization, not just into the library, can you then be accurately described as an information manager? If you are not an information manager, then are you perhaps a library manager? Or a librarian, that is, an intermediary, someone who purchases or consumes information, goods and services on behalf of others?

These questions are not meant to be demeaning or intimidating. We must all know who we are and be clear about our professional identity. I was struck by this question of professional identity the other day at a site visit in our institution. In describing the School of Hygiene and Public Health degree programs, the Dean pointed out that their's was somewhat different from other graduate programs. Their students enter with an established professional identity which they will retain and practice in the context of public health. As she put it, when their students look in the mirror in the morning to shave or put on make-up, they are looking at a behavioral scientist, or a biologist, historian, or physician who plans to have a career in the field of public health. In the School's admissions application there is a list of professions. You have to declare yourself. Your identity is a passport. One of the professional categories, to my surprise, is Information Systems Specialist.

How many of us look in the mirror in the morning and recognize a medical information systems specialist? Do we see a librarian, an intermediary? If so, are we likely to be replaced by the introduction of new technologies? I suspect the answer is, probably,

eventually. But, there will be libraries, in the sense of archival repositories, for some time to come...and there will be the time-honored role for the librarian of custodian...if not of books, then of data tapes and compact discs. The custodial role is important. Good libraries are recognizable as efficient, useful places, and good libraries are not run by amateurs. They never were and are unlikely ever to be. We can be proud of running good libraries.

But let's be clear about definitions. Libraries consist of information artifacts. To manage a library is not to manage information, only its artifacts. And if the scenarios in the 1982 AAMC Report are realized, the curatorial aspect of libraries will be only a small part of the work of professional information management.

Is a health information provider an information professional? Not necessarily. Manfred Kochen, a consistently interesting, insightful writer in our field, defines a profession as "the exercise of expertise on real problems for the purpose of making a living, characterized by know-how, know-what, know-whom, know-how much, know-why, and know--when." (1) That is very down-to-earth and practical, and true. By that definition all of us are surely library professionals. We all make a living by knowing the who-what--when-where-how-and-why answers to the library solutions to information problems.

In the same article, he goes on to say, "Acquiring and using knowledge about the effective use of knowledge for decision-making, planning, problem-solving, and coping is one of the major responsibilities of the information professionals/scientists in this decade. If that community can demonstrate its ability to meet this challenge, to discharge this responsibility at a high level, using good science, then the demand for its services will grow. So will its numbers and its impact." With this definition we have reached another level of the issue altogether. We are talking about knowledge, use and information management. The question now becomes whether librarians can or should become information professionals.

I take my role today to be a professional among professionals, or an expert among experts, comparing notes, experiences, and perceptions. We have a definition of a professional. What is an expert? One definition of an expert is that experts are people who avoid small errors while sweeping on to the grand fallacy.

Perhaps my grand illusion is that we, as librarians, have custody and responsibility for the use of information in society. That sounds grandiose, but I don't think it is. Libraries are politically and socially critical enterprises. James Thompson, in his article called, "The End of Libraries", makes this passionate declaration:

"Libraries have been the store house of knowledge and the repositories of man's achievements and discoveries, conserving and transmitting his culture, underpinning his education, featuring significantly in his economic welfare, and relating crucially to all other intellectual, artistic and creative activities. They have been the instruments of social and political change and, as the guardians for the freedom of thought, the bastions of man's liberty. Our true task, our true power is to make information accessible. To do that, libraries and librarians must embrace the pre-emptive technology, that is the information management technology of computers and telecommunications." (2)

For my money, embracing is nice, but not enough. If we are to attend to our true task, as Kochen put it, "of acquiring and using knowledge about the effective use of knowledge for decision-making, planning, problem-solving, and coping", we must pre-empt the pre-emptive technologies. What we do next Tuesday back at the office should make sense in that context or we should consider asking ourselves why we are doing it, and

decide on abandonment, substitution, or replacement. We must make those technologies our tools which we use to create a different library.

Along these lines, a number of my colleagues have said to me that they applaud the ideas and the concepts in the 1982 AAMC report. They admire the people who have risen to the challenge to develop a prototype of a system for integrating scholarly information systems with professional information support systems. But they are mighty glad they are about to retire. I sometimes wish I could take early retirement, myself. A form of the "fear of flying" is in all of us, to a degree...and probably most evident in those of my generation and training who have lived through the years with the professional identity of library professionals rather than information system professionals. These are changing times; there will be changing roles; and we are certain to see some changing of places.

"Acquiring and using knowledge", "using good science", to bring about effective use of knowledge for action: the key terms are "knowledge" and "action". We are living in an open system; conditions are constantly changing; the rules change; fixed boundaries are hard to locate. To illustrate this point, one management consultant likens this environment to a game he calls Chinese baseball. Chinese baseball, he explains, is almost exactly like the American version. It uses the same number of players, the same field, the same bases and balls, the same method of keeping score. The batter stands in the batter's box. The pitcher stands on the mound. He winds up, and as usual, zips the ball across the plate. All the same. There is only one difference. After the ball leaves the pitcher's hand, and as long as the ball is in the air, anyone can move any of the bases, anywhere. In the game of competitive actualities, in other words, all systems are open, everything is in flux.(3)

The health care system and the information delivery system are a competitive, increasingly commercial and industrialized, arena. Today, the boundaries between authors, publishers, vendors and libraries, between public and commercial interests, are in flux. There are several significant issues for which we must take individual responsibility and not leave to commercial and political interests if we are to get on with coping and doing better. We should support the development of library and information systems at national and international levels; we should take action to ensure a significant place for libraries in the information transfer chain, and we should force as many opportunities as we can for librarians as information managers. These are each large and complex topics, each with discrete boundaries, and yet nested within one another.

The first topic, library systems at national and international levels, is an extremely interesting one, especially here in Canada. The National Library of Canada has lead an extraordinary effort to plan, develop, and implement a nationwide Open Systems Interconnection (OSI) in Canada. This prototype for a nationwide, decentralized, voluntary network permits interconnection of incompatible computers and terminals to support interaction and communication among libraries, publishers and commercial database providers, and users. The potential for this network is extraordinary and very exciting.

The way is paved for "cooperative development of guidelines for the effective operation of a nationwide library and information network which provide for mutually acceptable division of responsibilities among network participants throughout Canada and within the government of Canada."(4) These responsibilities include the development and testing of new and evolving information management technologies. You here in Canada are to be envied, for essentially you appear to have a national mandate for libraries to explore, design, and assume different roles in the information transfer chain.

The information transfer chain at present begins with the user. Users become authors. The results go from publisher to distributors, to secondary source vendors, to libraries, and finally to users. Of course, behind the questions about the impact of technology lies the big question: "Will libraries be cut out of this chain?"

In his article, "The future of libraries in the information transfer train", Maurice Line explores an increasingly important issue for those of us working in the scientific and technical disciplines.⁽⁵⁾ He asks, "What is the long-term prognosis for local libraries, once the transitional stage between print-on-paper and the electronic storage and supply of scientific and technical journal literature is over?" and access to information can be made available almost anywhere?

Mr. Line answers his own questions. The prognosis is guarded, if not poor, for traditional, small, special libraries:

"Libraries, which constitute the public sector at present, have several traditional functions: providing access to documents, providing bibliographic access and assistance, and providing a quick reference service. The last of these (quick reference service) will be the first to go in an electronic age, followed by the second (bibliographic access). The first, access to a document, will never disappear entirely in academic libraries but it may be gradually eroded and even disappear in special scientific and technical libraries, which in consequence may themselves disappear."

The traditional library functions have been intermediary ones...and these will be the first to go. I recall vividly a statement by a scientist in the early days when online bibliographic searching was being introduced. He told how he had hot-footed it down to the library as soon as he could, only to discover that the system required the use of a very unfamiliar command protocol. The worst thing was, however, as he put it, that he had to make friends with a young lady in order to get what he wanted. Intermediaries are not indispensable. By definition they are a third wheel.

The disappearance of some standard-issue, plain-vanilla hospital libraries may indeed occur before long. The harbinger appeared in a letter in the April 4, 1985 issue of the New England Journal of Medicine. It says, in part:

"We encountered a case in which an intraoperative search of the literature in a computerized database contributed to clinical decision making. The patient was a 52-year-old man who underwent a laparotomy for large intra-abdominal mass. The differential diagnosis, based on an extensive preoperative diagnostic evaluation, included diverticulitis, Crohn's colitis, an extramucosal colonic neoplasm, or a retroperitoneal neoplasm. During the course of the exploratory laparotomy, a large mass was encountered that encased the sigmoid colon and involved the sigmoid mesentery and root of the small-bowel mesentery up to the duodenum. A biopsy specimen was obtained, and on frozen-section evaluation it was diagnosed as sclerosing mesenteritis.

Since the surgeon was not conversant with the latest literature on this entity, he notified his partner of the frozen-section diagnosis while the operation was in progress. The latter immediately conducted a computerized search of the literature by means of Dialog communicating with MEDLINE. Within a matter of two minutes the ten articles in the database from 1980 to the present were reviewed.

The following information was gleaned from this search: (1) that resection need not be performed, (2) that the prognosis was variable, and (3) that treatment with corticosteroids or azathioprine was possible and could be effective. In the light

of this information and because the lesion was deemed to be unresectable, the operation was terminated.

This experience has demonstrated to us the importance of clinicians themselves being familiar with the use of computerized databases...This information is available at all hours of the day and can be obtained speedily. The assistance of a trained medical librarian is not necessary, nor is it likely to be immediately available at times when such information is required. Furthermore, access to computers and modems for the operating surgeon is important. We look forward to the day when this type of equipment is available in the operating suite."(6)

Now, before you rise as a body to kill the messenger, that is, me, let's consider the message. The message is that people want to be masters of their information needs. And they want to get information when they need it. (If you don't believe this intro-operative scenario, just think of those who didn't believe that frozen section evaluations were feasible.)

The day of the online intermediary is coming to a close. And I say that this is a good thing. But if your love is of online searching you may have to emigrate to a less technologically-developed country. If it isn't, your options are to change professions...or to change our profession.

Emigrating to a less technologically-developed country may not entail leaving the country. For example, on a recent consultation which took me into a well-known metropolitan area between Washington, D.C. and Boston, four out of six hospitals I visited, which are to become teaching hospital sites, do not offer MEDLINE search services. That is hard to believe when online searching was first introduced nearly 15 years ago.

Changing professions may be possible, but then you may find little gain, as those people learned who invested time and money in a law degree, to find the field impossibly crowded.

Our profession needs to change focus. Those of us in the library and information professions are in it because it offers personal fulfillment. As we all know, it doesn't offer much in the way of money or status, except to a handful of exceptional people.

Ours is a human services profession with social responsibilities of a high order. It may not seem so as we go about our nitty-gritty daily round of getting and spending. It may not seem so when we know that about half of all reference questions are directional and that only 2 percent call for professional training.(7) But our professional responsibility has to do with the most important societal resource we have: keeping knowledge available for use.

In these turbulent times, while the major players of the new age are sorting themselves out, if we lack anything, we lack a patron of knowledge. We need champions of knowledge as a public good and a public responsibility. If the commercial sector controls the production, the distribution and the long term access to knowledge, the problem of the survival of libraries is trivial compared to the problem of the integrity of the knowledge base of society. Publishers and vendors are in the business of profit and not in the business of maintaining a knowledge base for society, and may therefore make good business decisions that are socially undesirable. This is all the more reason to think that the National Library of Canada's OCI network is an important approach to the orderly management of what could be an unproductive public/private battle.

The problem is compounded by guerrillas in white hats: computer hackers. I don't know that many of us would normally make the association between librarians and hackers, but we apparently share a tradition and point of view. A popular commentator on computers and science fiction, writer, Jerry Pournelle, has pointed out that there is a "long tradition among hackers that information ought to be available to everyone whether they can afford it or not." This observation was occasioned by his attendance at a Hackers Reunion that took place at an abandoned Army base in California last November. Pournelle went on to say, "This may or may not be a good idea, but at that convention a bunch of supersmart computer people renewed their vows to do what they can to make information, if not free, then as cheap as possible. Revolutions are founded on such ideas."(8)

It is no secret that knowledge and quality information are extremely costly of resources to acquire, store, and retrieve, whether in the form of an individual person or a surrogate like a book or a library or a database system. It is a fact we have difficulty acknowledging, as a species. In a competitive, industrialized environment, what we do has to make a measurable difference and/or add value to what others do.

In order to do that, we must pre-empt the pre-emptive technologies. That means we must resist concentrating on our jobs and skills. Instead, concentrate on identifying the problems others have with acquiring and using knowledge effectively. There is no way around it if we intend to be an information profession. We must all know about computers and database management to a fairly high level of technical expertise.

We must think of our libraries as systems and parts of systems. We must recognize and act on opportunities for extending and gaining skills through problem-solving with a user.

So let's return to the surgeon and the searcher and my last point. We must create as many opportunities as we can for librarians as information system specialists. The medical librarian is out of a certain kind of job, but why not think pre-emptively? Think about that operating suite. It has a computer and a modem in it. Now what if the computer were equipped with voice recognition and voice response features? The surgeon doesn't have to call his partner, he can give the computer a voice command to search a database. The response comes because the librarian had the idea and worked with computer specialists to program the computer to elicit the search protocol from the surgeon and to initiate the search without the surgeon having to look up from what he/she is doing. The results are displayed on the monitor, also controlled by voice. The search output could be synthesized speech. Making such a scenario possible is our responsibility, it seem to me, not the surgeon's, or the pathologist's, or the technical computer specialist's. It is an information-retrieval problem.

On a more simple and immediate level, we at the Welch Library have begun to work closely with Dr. Victor McKusick, author of the well-known text, Mendelian Inheritance in Man. His textbook is a compendium of the literature on Mendelian inheritance organized by dominant and recessive phenotypes. Each phenotype is described by a summary of the relevant literature followed by the bibliographic citations. Dr. McKusick revises and augments his text on a weekly, sometimes daily basis. He wanted to find a way to allow his colleagues to gain access to the updated files between the publication of editions of the work.

We found his textbook to be in word-processing form, but not formatted for online retrieval. As we discussed the possibilities for mounting his files on one of the Welch Library computers under a standard software search and retrieval package, we thought of many ways that use of his text might be enhanced: through visual images, Mesh headings and sub-headings, and natural language queries. We also found that

Dr. McKusick tried, but long ago discarded, the use of SDI approaches to selecting the relevant literature for inclusion. Fortunately, the Welch Library staff had the expertise to pre-empt the situation. We could see an opportunity to bring the whole information transfer train together into a system to support Dr. McKusick's work. We were able to work out a collaborative research proposal in which Dr. McKusick may realize his dream of a living textbook, always up-to-date; the Welch Library has an opportunity to develop an information transfer prototype between library and author; the NLM Information Technology Branch has an opportunity to develop an experimental software program with a clinically useful database collaborating with a group of clinicians.

I realize that, in Canada, all but one of the medical school libraries are parts of university library systems and unable to pursue independent library automation. One way of looking at the use of technology is to leave library automation to your university libraries. But acquire computers, powerful ones, to work with faculty on substantive, subject-oriented, bibliographic databases.

I suspect that we will see a greater differentiation in our profession over the next decade. Some of us will be information scientists in the sense of basic scientists; some will be information technologists, in the sense of engineers; some of us will be information executives or managers; probably most of us will be information industry workers and librarians.

Right now we are struggling with wanting to be something of all these things and the situation is fluid enough and most of you are young enough to have some hope of adaptive change. Increasingly, however, discipline specialists are becoming more numerous and our boundaries are perceptibly narrowing.

Medical informatics is one such emerging specialty. Johns Hopkins is one school offering advanced training for Information System Specialists in the field of public health. Canada is training Health Organizational Information specialists at the University of Victoria. These are individuals "who will contribute to improve the Canadian health care delivery system" and through "analytical and problem-solving skills...rigorously analyze and determine organizational information needs." (9) We must move rapidly to stake our claim.

I can hardly believe that anything I say here today is something each of you has not considered: considered and taken action on, considered and put off action for more propitious times, or considered and rejected. Each of us must plan our professional development and activities, and position our libraries and our department, in strategic ways, with as many options as possible, for as long as possible.

Opportunities are coming available. We are making progress. But we must want these responsibilities, and we must actively seek them, and we must make opportunities for others. We can change professions or we can change our profession. I believe it is important that we do the latter and that we work at it swiftly and joyfully because it is truly important. I wouldn't want to be in any other profession right now. I hope you feel the same way.

Thank you.

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CALL FOR PAPERS

In preparation for the next issue of **BMC** the editors would be grateful to receive news items or articles on the subject of **NETWORKS**. If any members are involved in or aware of health information networks that might be of interest to our readers please contact either Jan Greenwood or Tom Flemming. We do need your cooperation for **BMC's** continuing success. The deadline for submission of copy is September 6, 1985.

Other theme topics under consideration for Vol. 7 are rehabilitation, end-user searching, literature of the allied health field and writing skills (for publication and internal reports). Please respond to these suggestions by voicing your interest, criticisms or ideas or by contributing papers; needless to say, there is no inopportune time from an editor's point of view to receive articles! Please keep them coming.

THE MATHESON/COOPER REPORT IN THE CANADIAN CONTEXT

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This morning, I want to look at the Matheson/Cooper Report in a Canadian context. Like medical librarians throughout the English speaking world (and I do not know whether the report has been made available to other national groups through translation) Canadian health sciences librarians are grappling with the future of medical libraries and the role of the medical librarian as envisioned by this Report. Nina [Matheson] has emphasized, in the report and in numerous presentations, that the report is not prescriptive: there are many ways of implementing the concepts of medical information management. So I want to emphasize that I consider this report to be a document of concepts, engaging the imagination of health sciences librarians in achieving new goals and taking new directions.

In shaping goals, the health sciences librarian must begin by carefully analysing the health care environment in which the library operates, and by integrating the library into that environment. For this reason, I shall begin by comparing the health care environment in Canada with that of the U.S.A. This is important, for if we are truly service oriented, as I believe we should be, we must respond to a unique cultural, social and political environment. I suggest to you this morning that there are three important differences in the health care systems of Canada and the United States which will mould the future of our libraries. These differences lie in:

1. the health care delivery system itself
2. the increasing commercialization of the health care system in the United States
3. the use of technology in the delivery of health care

Let me elaborate a little upon each one:

1. The health care delivery system:

Government decisions, both federal and provincial from the 1950's to the 1970's, laid the foundation for the present health care system for which we provide information. During the post-war years the Canadian government system was becoming increasingly complex. The model of the two-tiered hierarchical system of government based on a federal-provincial hierarchy, a layer-cake, was being replaced by what Malcolm Taylor in his book Health Insurance and Canadian Public Policy has described as a "marble-cake" concept.

In 1947, the province of Saskatchewan began offering hospital and diagnostic services to all, regardless of ability to pay, and, subsequently, medical services as well. It took 24 years, but, by 1971, all Canadian residents were entitled to hospital and medical services, supported by taxes, equivalent to the broadest medicare coverage available under U.S. health insurance.

The delivery of health care nationwide depended upon a mutuality of legislation at both the provincial and federal levels. This complex process had one great unifying force - a commitment toward universality - a belief that every citizen is entitled to adequate health care. This perception of equity is a fundamental difference between the two countries.

Universality has an impact today upon our approach to managing medical information. If we believe in universality in health care, it follows naturally that we must also believe in universality of access to the knowledge-base which drives that health care.

This is not to say that Canadian health librarians have not become increasingly cost aware. The hospital librarians here today are more aware than I of the volume of work involved in the analysis of the hospital library as a cost centre. However, cost-awareness is not the same as cost-recovery. Currently, a debate is raging in the United States between private sector advocates who see information as a commodity to be bought and sold, and those who advocate open access to health information as a public good. Because of the commitment to Universality in health care in Canada, it is difficult for me to imagine that this conflict could reach the same intensity in Canada. In summary, then, the health care system itself is a strong promoter of access to health information through its foundation in universality.

Massive confusion now exists in the U.S. health care system. DRG's, charge-backs, third party payments, and over-billing have continued to reduce the efficiency of health insurance and the availability of health care. It is not that some of these issues, particularly overbilling, do not arise in Canada. It is simply that the concept of equity prevails.

2. Commercialization of the health care system

The second difference, the increasing commercialization of the health care system, is closely linked to the first. In Canada, doctors still talk to other doctors about medicine at conferences, and reserve their financial discussion for the cocktail hour. In the United States physicians' economic interests appear increasingly primary amongst members of the medical community. The development of a medical technology, funded largely by venture capital, promotes a symbiotic (and profitable) relationship between those who use on a massive scale these new technologies and those who advance them through funding and development.

3. Technology in the health care system

In both countries, the clinical laboratory has been totally transformed in the last decade. As net importers of the new technology paying in Canadian dollars, Canadian hospitals must pay more for these new devices, and for this reason must behave more prudently, or at least more economically, with respect to their installation.

Embracing new technological advances may be somewhat more cautious in Canada. In addition, Canadian hospitals, with their heavy accountability to their provincial governments, are not likely to be profitable sources of investments. The absence of large amounts of venture capital in the health care industry and the more guarded application of advances in medical technology may have some advantages to Canadians.

To summarize, these philosophical, economic and technical differences in our approach to health care have had an impact on our health libraries. The concept of access to health information for all who need to use it parallels the concept of equity in health care. The more cautious application of technological advances and the necessity

of importing much of our information technology has made our librarians more conservative in the application of technological advances.

II. WHAT DO WE SHARE IN COMMON

Turning from the impact of health care on health information management, I want to review those factors which health sciences libraries in Canada and the United States have in common:

1. For a start, we handle the same knowledge base. Between eighty to ninety percent of the publications on our shelves originate outside Canada, and we use the same methods to organize and gain access to that knowledge base.
2. Secondly, we share similar organizational models in the management of our libraries.
3. Thirdly, our medical schools are governed by the same accrediting process - the Licensure Committee on Medical Education or LCME of the Association of American Medical Colleges. When I recently completed the Library component of the self-study analysis for the forthcoming McGill accreditation, I noted that the library data collection instruments were identical for the two countries.
4. Fourth, the recent GPEC report, "Physicians for the Twenty-First Century" was written with input from a number of Canadian medical schools and medical societies. The recommendations in this Report will be taken equally seriously in Canadian medical schools.
5. Finally, medical researchers, whether Canadian or American, publish in the same journals. Canadian medical researchers publish their results in large measure in journals published outside Canada. They are concerned about the breadth of distribution of their research, and wish to guarantee its visibility in as large a community as possible.

I am sure that you are able to think of many more similarities but these will, I hope, emphasize the common cause which we share, in medical school libraries, with our American colleagues.

Why, then, should I have any reservations about the applicability of the Matheson/Cooper report for the management of medical information in the Canadian health sciences centre? What are the essential differences that characterize Canadian health sciences libraries?; here I am speaking principally of academic medical libraries. To answer this question, let me first review briefly some of the developments since the Matheson/Cooper study first appeared in the Journal of Medical Education, in October, 1982. In the three years since this report was published, parts of the American medical library community have moved rapidly to implement the principles involved in the Report, taking full advantage of the National Library of Medicine's IAIMS grants to develop integrated information management systems to support teaching, research and patient care. Critical requirements for participants in the IAIMS program include:

1. the presence of support and leadership to carry out the proposal
2. the involvement of key people at the institution
3. the focussing of all information issues at the institution
4. strategic thinking and planning

These are complex and difficult requirements, including the confluence of the library with patient records, automated databases, expert systems and computer assisted instruction. Five libraries at the Universities of Utah, Georgetown, Maryland, Columbia and Oregon have received grants under this NLM grant program as a direct result of recommendations in the Matheson/Cooper report.

It is not news to anyone in this audience that grants in support of such innovative and long-range planning for health information are not available through our government. But it is not the absence of government grants which is the most serious problem. The presence of these grants, stimulated by the Matheson/Cooper Report, has fostered an imaginative, forward-looking approach to medical libraries. A network of leaders is developing in medical libraries in the United States, leaders who are able to guide libraries into the 21st century and play a key role in medical information management.

In Canada, funding for academic medical library automation programs, like leadership, has been provided largely by the university, filtering through the university library system. Fourteen out of sixteen medical school librarians in Canada report through a university librarian. Under these circumstances, the medical library is not likely to control its own automation budget. Universities have, on the whole, been sensitive to the special needs of users of medical libraries and have considered their requirements in automation planning. However, resources are limited.

The need for leadership has an impact on both the management and educational roles of the medical library. Leadership is required to assure the availability of quality personnel. The educational programs of the medical library must help physicians and their students to use computer systems both to retrieve information from the literature and to manage patient data. Medical libraries have begun informally to educate faculty and students in the use of microcomputers, and there is some experimentation with education of ultimate users using such commercial systems as SCI/MATE and BRS Colleague. Librarians and users appear to be developing simultaneously their knowledge of such user-friendly systems. The Canada Institute of Scientific and Technical Information, like other foreign centres negotiating with the National Library of Medicine, has not yet provided a policy on the availability of copies of the MEDLINE files, but it is likely that this will happen in the foreseeable future. The availability locally of "MINI-MEDLINE" is likely to create administrative hurdles for Canadian medical librarians. Not only must they provide aggressive leadership in obtaining these files for their institutions, but they will also need to be familiar with the technology or involve others who are. These challenges have yet to be met.

To summarize, Canadian medical school libraries are likely to proceed at different rates in their progress towards the prototype information management library of the future. Available leadership, both individual and governmental, is limited and guaranteeing quality personnel is likely to be a major problem. The administrative organization of academic medical libraries, emphasizing the relationship to a university library system, is likely to effect priorities in medical libraries. It is predictable that Canadian academic medical libraries will move in the same direction as their American counterparts, but progress will be slower, and the curatorial role will continue to be emphasized for a longer period of time. It will take some time for us to forgo the management of artifacts for the management of information.

A slower development may bring some benefits. Moving more slowly, it is possible to learn from others, thus reducing the dollars spent on costly experimentation. The lack of central governmental leadership and coordination requires a more individualized institutional response, and the uniqueness of the individual library may receive greater emphasis. For this reason too computer technology is more likely to be viewed as a useful, powerful tool rather than an instrument of social change.

PHYSICIAN ADOPTION OF INNOVATION

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The benefits to the patient of being the recipient of new advances in medical care are easily recognized. Major medical research funding agencies have made it a priority to reduce the time between scientific discoveries at the bench and adoption of these advances into clinical practice. Nonetheless, delays do occur. Stross' survey of physicians two years after the results of a study reporting the benefits of photocoagulation revealed that fewer than fifty percent were aware of this innovation or could correctly identify that photocoagulation was indicated in the management of the two patient problems cited in the questionnaire. (1)

Studies to trace the adoption of any innovation into clinical practice are clearly a first step in the process of accelerating the adoption of beneficial medical innovations. Four major studies (2,3,4,5) have been done to trace the adoption of an innovation into clinical practice. All of the studies support the basic five stage model of innovation adoption developed by Rogers (6) which has been found to be generally applicable to most disciplines. In the first stage of Rogers' model, KNOWLEDGE, the person becomes aware of the innovation and gains an idea of how it functions. This is followed by the PERSUASION stage which occurs when the person forms a favourable or unfavourable attitude towards the innovation. At the third stage, DECISION, the individual engages in activities that lead to a choice to adopt or reject the idea. IMPLEMENTATION occurs when the individual puts an innovation into use. The final stage, CONFIRMATION, results when the person seeks reinforcement of the decision to innovate that has been made. The rate of adoption is a function of the innovation's relative advantage, its compatibility with personal ideology, complexity, trialability, and observability. (6)

The pioneering research done by Coleman, Katz and Menzel (2) in the fifties has been identified as one of the most significant studies in the field of innovation diffusion. They traced physician adoption of "gammanym", a new pharmaceutical compound. They used scripts (written prescriptions) to identify physicians who had tried the drug within one year of its release and they extensively interviewed those physicians to determine the sources of information that played a part in the decision to use the compound. In addition, they noted the point in time at which each source was used. Manning and Denson (3) traced the adoption of cinetidine approximately two years after its release in the United States. They administered a questionnaire to internists attending courses and telephoned a random sample of internists to identify where they first heard of cinetidine, learned the clinical principles involved, and updated their information on the new compound. Geertsma, Parker, and Whitbourne (4) were the first authors to extend their work beyond that of examining a new pharmaceutical compound. They interviewed extensively physicians and asked them to identify changes instituted in their clinical practice and to describe the process of adoption in terms of a model they had developed. Their data included changes in office procedures, drug use, patient relationships and education, new diagnostic and technical procedures, new diagnostic approaches, new management techniques and new methods of personal education. Lockyer, Parboosingh, McDougall and Chugh (5) in their interviews with physicians asked them to identify a new drug, a new investigation (laboratory test) and a new

technical procedure they had adopted. For each innovation cited, the physician was asked to identify where they first heard of the innovation, where else they heard of it prior to adoption, what caused them to adopt it and the period of time between first hearing of the innovation and their actual adoption of it into clinical practice.

Table 1 summarizes the data from all four studies with regard to the first source of information for drug changes. With the exception of the work by Coleman et al (2), reading clearly serves as the first source of information. Manning and Denson (3) found that reading was the most important source for updating information and for learning the principles of using the product. An examination of Table 2, taken from the work of Lockyer et al (5) reveals that regardless of the innovation (drug, investigation, or technical procedure), reading is implicated in 70% of all innovation decisions. Continuing medical education courses are involved in 60% of all technical procedures and investigation adoptions, while the pharmaceutical representative plays a role in 60% of all drug adoptions. The same authors verified Rogers' thesis that the simpler the change the faster the adoption. Where 81% of all drugs and 60% of all investigations were adopted in less than one year, only 45% of technical procedures could be adopted in a twelve month period. It was found that the decision to adopt a technical procedure required extensive upgrading of skills (sometimes only available at national and international conferences) or significant outlays of funding for equipment. Assuming the drug had been approved for distribution, the physician could easily write a prescription for the product resulting in very fast adoption patterns. On average, physicians used 3.08 sources of information in making the decision to adopt an innovation.

All four authors (2,3,4,5) concluded that physicians do not make immediate changes but require information from several varied sources over time before adoption will occur. Reading, courses, and input from colleagues will figure prominently in the process regardless of the type of innovation to be adopted.

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TABLE I

FIRST SOURCE OF INFORMATION CITED BY PHYSICIANS*

	<u>Coleman</u>	<u>Manning</u>	<u>Geertsma</u>	<u>Lockyer</u>
Printed Material	33%	52%	50%	34%
Pharmaceutical Rep.	57%	4%	13%	25%
Courses, Lectures, Rounds	3%	25%	13%	23%
Colleagues	7%	12%	19%	11%
Residency Education	-	-	-	2%
Other	-	7%	5%	5%

* See references 2-5 for greater detail

TABLE IIPROBABILITY OF VARIOUS INFORMATION SOURCES
BEING CITED IN ADOPTION OF AN INNOVATION*

	<u>New Drug</u>	<u>New Investigation</u>	<u>New Technical Procedure</u>
Printed Material	77%	71%	76%
CME Course	34%	64%	63%
Discussion with Colleague	32%	43%	41%
Consultation	26.5%	25%	21%
Manufacturer's Representation	60%	5%	19%
Hospital Rounds	15%	23%	13%

* Taken from Lockyer et al(5)

TRENDS IN END-USER SERVICES

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The term "end-user" has been used almost exclusively in the context of computerized searching and as such gives the impression of being with us for only a short time. However, if we examine what an end-user is in a more general context, as one who both seeks and uses the information sought, we will quickly see that the concept of end-user is as old as libraries themselves. The only thing of significance that has changed is the means by which the information is sought. The person who comes into the library to consult a journal article, or to look up a term in a medical dictionary, or to find references to a topic in *Index Medicus*, is as much an end-user as the person using electronic means to accomplish the same tasks. In either case, the intermediary, the reference librarian or library clerk, is bypassed.

Is this, in fact, not what happens most of the time? I have not seen any figures or studies on this, but estimate that less than 15% (and this figure is probably still on the high side) of the library-using public will consult library staff for information on a regular basis. Furthermore, the library itself is rather an exclusive information source catering only to certain segments of the population. Simply consider the clientele of special libraries, medical libraries, academic libraries and even public libraries. A vast proportion of the population searches for and gets information directly from other sources. What is most surprising is that the advent of television seems to have created less hew and cry about job security and decline in library use than the current fuss generated by the very limited services which are provided by bibliographic utilities to end-users.

Before I am accused of missing the point, viz., that end-user services are different because they strike directly at a library's bread and butter, the provision of indexes and journals and monographs, I would like to pursue another line of thought. Could we, in libraries, really continue to survive without online services whether the client uses us as intermediaries or chooses to do the search for him/herself? Our purpose and our history shows that it is our professional duty to make information available to the client, to train the client to use bibliographic searching tools and to find information for themselves.

As the knowledge/information base has expanded we have historically created the methods to cope with it. If we look at the current ballooning information base could we really cope without the services the bibliographic utilities provide? Imagine trying to provide relevant services without the huge files of *Index Medicus*, *Excerpta Medica*, *Biological Abstracts*, etc? Do we really still expect a busy researcher to gather the background information for a research proposal by manually searching through the last 10 years of any of these indexes, or combinations of them? In the academic setting certainly, we would be of little use to our clients without them and the reason for our existence would become very tenuous indeed.

Online services are a natural extension of reference and library services in general which exist in response to the community's need, and our need as librarians, to cope with the new information base; and even with these superb systems, however, we are still not coping all that well. Instead of taking patrons to an index and showing

them how to use it, we now show them how to use the computer terminal; instead of explaining to the client all the relevant places to search, we now help them to devise a search strategy as a means of tackling the copious and various online files. Online files are another reference tool added to our armamentum to help the client deal with information overload. Even though I have actively promoted end-user searching in our library I have seen little decline in requests for intermediary searching services. Just as we had people asking us to look-up information directly because they neither had the time nor inclination to do it for themselves we will always have that significant percentage of the library public who will ask us to perform searches for them.

Providing bibliographies and full-text articles as some online services do is only part of the service libraries provide. A library is not simply a depository of books and journals, but an information resource comprising a nexus of materials and people who organize, collect, and disseminate that material in a unique way to a unique audience of information users. Online bibliographic services and end-user services are merely part of this information package. In an analogous situation, television collects, organizes and disseminates information in its unique way for its special audience. It is as impossible for libraries to continue to survive without the huge online databases and the systems that distribute them as it would be impossible for these systems to be effective without information providers to teach clients how to use them, to supply the clients with the results of their searches, and to place the results obtained in the wider context of available information. Databases represent only particular aspects of the knowledge/information base and a specific way to gain access to it. The mistake is to assume that these services are taking over a function the library already provides when they are simply supplying a function and resource which the library is incapable of handling by itself. Unless there are some drastic technical changes in the computer telecommunications, and image reproduction fields, the current relationship between bibliographic utilities and libraries will not change dramatically. One trend, then is that neither bibliographic utilities nor libraries will or can afford to forego their happy union.

SYSTEMS

What can we expect to see in future developments in the area of end-user services and what benefits will there be for libraries? If the past is any indication of the future we can expect that online system vendors will seek new markets to the extent that the technology will allow and attempt to expand existing ones. To do both of these things the vendor must increase access and use. It is not sufficient that technology allows an individual from his/her office or home to have access to a database. Because the technology is there it does not mean that it will be used unless the service is accessible in the sense that it does not require the learning of complex search and retrieval strategies, command languages, indexing vocabularies and database structures. Similarly, the service must offer something the consumer or patron wants: particular information in a particular format. There will be a tendency, therefore, for database vendors to simplify the search process. First attempts in this direction are exemplified by such services as BRS After Dark, BRS Colleague and DIALOG's Knowledge Index. These services are targeting new user groups which require simpler systems, largely ones that are menu-driven. These systems, however, are still fairly primitive and are mostly "quick and dirty" modifications of existing command driven systems which librarians and other search intermediaries have been struggling with for some time. They will produce results if searched by the uninitiated but really require, for efficient and effective searching, a very good knowledge of database structures, in many cases, of indexing languages, and an armamentum of limiting and specifying commands, to say nothing of search strategy.

Since the markets remain limited it is questionable how many people need bibliographic information per se and are willing to purchase the equipment to access it? The true developments in the area of system improvements will have to come from such areas as university and government research groups and, yes, even libraries.

An example of this is PaperChase, a program developed at the Beth Israel Hospital to facilitate search of the Medline files by inexperienced end-users. Although far from perfect, PaperChase is a major advance in system friendliness, or helpfulness. By mounting a thesaurus online it guides the searcher to the correct terms used by the indexers of the database creators. It also does not require any special knowledge of such things as Boolean logic but through a menu-driven system alerts the user by means of prompts to the possible options open to him/her. The system is slow and to the experienced searcher can become frustrating to use. It is certainly on the right track, however, in helping the user to search. The system is the intermediary.

We must also abandon our notions that existing search systems, with simple Boolean operators as the most powerful tools for sifting through growing amounts of information, are the final answer. A prototype system called CITE (Current Information Transfer in English) allows natural-language searching with weighted and ranked output, along with feedback on relevance and the ability to modify automatically the search request.

Doszko's system, developed in 1979 (1), helps the searcher to refine his search by giving an indication of the importance of an article as determined by weighting and re-inputting to the system what is considered relevant on that basis. One can only guess in what direction Artificial Intelligence will take search techniques in the future, but rest assured that the mechanics of searching will pose little or no obstacle even to the most inexperienced.

The problem of system incompatibility is one that will not, in all likelihood, ever be tackled by online vendors simply because it would not be good marketing strategy. If company A offers all the search features and databases offered by company B there is no reason to choose one over the other. By the same token the systems cannot be so divergent that they would pose an obstacle to someone seriously wishing to make a changeover. (Is this at all reminiscent of the current Coke/Pepsi campaigns? Coke has even gone so far as to make its product resemble more closely that of its competitor). However, the next few years will see second party companies develop more and more software packages to make these inconsistencies transparent. SciMate is the obvious example, albeit a poor one, of what we can expect in the marketplace eventually. CONIT is a much more powerful experimental system which exemplifies the heights system compatibility will undoubtedly achieve. CONIT, a computer interface is ... "a common system into which and from which requests and results are translated automatically as they flow between user and serving system... A user attempting to retrieve information when entering through the access mechanism provided by the common interface, sees a single virtual system in which all the complexities of the different retrieval systems and databases are hidden; only a single, uniform, easy to use system is apparent." (2).

All these systems naturally have drawbacks, not the least of which is growing lack of control over some aspects of the search process. However, they do not represent any more pitfalls than our old card catalogues or paper indexes present to our current users. It is an odd psychological phenomenon how critical we are of these new products and services and their peculiar problems even though they tower like giants over anything we had in place to help users 10 years ago.

DATABASES

In databases themselves we can expect to see great changes largely due again to attempts to expand markets, especially to end-users. We will see more databases tailored to meet the needs of specific groups. Thus, BRS introduced full-text BRS **Colleague** and the AMA unique databases on the GTE/TELENET Medical Information Network. In these databases there is a shift away from providing strictly bibliographic information to information that is directly usable and often only available on computerized files.

The Hepatitis Knowledge Base(3), billed as a "prototype information transfer system", represents the Mercedes Benz of databases aimed at end-user consumption. The Hepatitis Knowledge Base represents the first real attempt to tackle successfully the problem of the information explosion in biomedicine. It may be impressive to speak of databases containing millions of records but the sheer volume of information may be as large an obstacle to accessibility as anything else. In the case of the Hepatitis Knowledge Base, the researchers identified over the past 10 years some 16,000 pertinent publications on Medline. This says nothing of the information available in the other 19,000 titles that Medline does not even index. Assume you, as a clinician, are looking for the most current and best treatment modalities for this infection. How will you choose among 16,000 articles often containing conflicting information?

The Hepatitis Knowledge Base instead is a database with pre-digested information and represents the best information possible on the subject in accordance with the judgement of a panel of experts. The material is kept current by using the principles of citation indexing, quality filtering review articles and knowledgeable authorities who scan and produce the literature. The problem with the Hepatitis Knowledge Base is that it is very labour intensive. However, the product is far superior to the plethora of databases supplying strictly bibliographic information. One can expect that similar databases will be developed using the principles pioneered in this prototype.

The number of databases which use user input to keep them current will continue to increase. An example is the Protein Data Bank from the Brookhaven National Laboratory. These databases are so specialized that only experts in the field will be able to use them making them truly end-user products.

The increase in end-user services and databases will be fueled by an increase in the attention paid in various disciplines to teaching students how to deal with current information problems. The PacMan generation will feel much more comfortable with these systems than we ever will. In all fields there is a recognition that the knowledge/information base is expanding too quickly for people to learn all the necessary facts. Instead they will be taught how to use the new online systems and to choose the appropriate databases, search strategy, etc. so that they can gain access to the facts on demand. A panel of the Association of American Medical Colleges recommended that medical schools give information science and computer technology a place in the general professional education of the physician. In commenting on the report in an editorial of the CMAJ, Dr. Peter Morgan, scientific editor said "the basic objective in current medical education is portable knowledge. Information is hammered into receptive brains so that it can be carried around above the eyeballs instead of in a book...the information problem is solved by insisting that more information be available more rapidly through external sources--through books and journals as well as electronic data banks" (4).

Some of the implications for libraries with the introduction of end-user services have already been indicated and should be obvious from what has been said. Primary among them is the simplification of access and use. The real benefit of this will not be so

much to those among us who have already mastered the command-driven systems, but to the smaller hospital libraries and physicians' offices which are not staffed by information professionals. With improved end-user services they will have as wide an access to information as many large university libraries do now. When this is coupled with electronic mail which could put them directly in touch with the interlibrary loan facilities of larger centres or with online ordering services no one need suffer from lack of access to information because of geographic location or limited local resources. With newer smarter search systems even the experienced intermediaries will be able to improve the quality and relevance of their search results. Consider merely the enhancements available on Dialog's Version II. Searchers will also be able to switch to unfamiliar databases with reasonable security while using such developments as the Vocabulary Switching System which is "able to translate user requests into useful search queries across target databases with little user intervention." (5).

More databases and better-access systems will allow us to provide a wider variety of information options to our users. As there is an expansion in use - although it is not clear how great that expansion will be before further technological breakthroughs - we can expect decreased costs. With systems such as PaperChase libraries will be able to have tailored databases which reflect their holdings and subject orientation. The library itself may even begin to take part in the database creation process.

Although to this point I have presented a rather positive picture of end-user services and their impact, there are some ominous possibilities as well. As the number of databases and the amount of information offered through online systems increases, the control the library now exercises over this information will lessen considerably, especially if journals and books are published online. Library patrons may have to pay the publisher or the library as agent the cost of producing a print of the material and not merely the cost of photocopying it as they do now. Publishers have always been concerned about copyright infringement and the resulting revenue losses from photocopying and online systems may provide the answer for them. It may well be that access to information will become more and more a question of ability to pay.

Since these online end-user services are commercial ventures it is also possible that some databases, because of maintenance costs and limited market appeal, will suffer the same fate as some of our so-called orphan drugs; will we have orphan databases.

There is also a growing lack of privacy and even cases of censorship that are invading the use of telecommunications services of all kinds. In a recent article in Popular Computing entitled "At Risk: Your Online Freedom", the author states that in the United States (and you can rest assured the problem exists here as well with users of American systems) "the problem is that no jurisdiction has yet been established for telecommunications and no legal precedents set". Under current legislation according to Jonathan Wallace, an attorney dealing in telecommunications matters, services like CompuServe... "(6) are legally entitled to delete private mail or do anything they want without facing criminal charges. At most the company would be guilty of breaching its subscribers agreement" (7). Similarly, if they were so inclined, there is no reason why DIALOG or BRS or any other bibliographic utility could not keep track of a user's search queries violating a trust we have held in libraries for a long time, viz., respecting the privacy of our readers. The old battle libraries have waged against censorship and the maintenance of privacy will probably have to be fought all over again in this new frontier.

In conclusion, we should not look upon end-user services as a threat but as a natural progression based on information needs and the ever-growing information base. Like any change we are offered both opportunities and benefits as well as problems. The new technology, and there will be many new technologies to follow this one, has to be

viewed as a challenge and as an indicator that things have changed and are changing. We too must change. A dictum of existence on this planet is to adapt or perish. No one would wish to revert to a time before the advent of online services or before the advent of the printing press. The challenges and problems at the time of introduction of the latter are not much different than they are now with the introduction of computerized services. We are all the better for these changes.

The library profession is faced with the need to change and adapt and the opportunities have never been greater. The ball is in our court. We know what NLM is going to do about it and what such enterprising firms as ISI, DIALOG, and BRS are doing about it. How are we as individuals going to respond?

1. Doszkocs, Tamas E. and Rapp, Barbara A. "Searching Medline in English: A Prototype User Interface With Natural Language Query, Ranked Output, and Relevance Feedback." In Information Choices and Policies: Proceedings of the 42nd ASIS Annual Meeting 16 (1979) 131-137.
2. Marcus, Richard S. and Reintjes, J. Francis. "A Translating Computer Interface for End-User Operation of Heterogeneous Retrieval Systems. I. Design; II. Evaluations." Journal for the American Society of Information Science 32:4 (July 1981) 289.
3. Bernstein, Lionel M., Siegel, Elliot R. and Goldstein, Charles M. "The Hepatitis Knowledge Base: A Prototype Information Transfer System." Annals of Internal Medicine 93: Part 2 (1980) 169-181.
4. Morgan, Peter P. "Information Science and the General Professional Education of the Physician." Canadian Medical Association Journal 131 (Dec. 15, 1984) 1428.
5. Neihoff, Robert. "The Optimization and Use of Automated Subject Switching for Better Retrieval." In Communicating Information: Proceedings of the 43rd ASIS Annual Meeting 17 (1980) 397.
6. McLure, Matthew. "At Risk: Your Online Freedom." Popular Computing. (June 1985) 76.
7. Ibid., 143.

ONLINE DATABASES: OCCUPATIONAL HEALTH AND SAFETY

(Information derived from an address given by Brian Morrison at a general meeting of the Toronto Health Libraries Association on March 25, 1985. The meeting was held at the Canadian Centre for Occupational Health and Safety, Hamilton).

Brian Morrison

**Reference Librarian, Occupational Health and Safety
Ontario Ministry of Labour Library**

The databases given below contain information on (1) occupational medicine, (2) environmental health, (3) chemical toxicology or (4) industrial hygiene and safety. This list is intended only as a guide for those who do not frequently search the databases in these subject fields and does not purport to be exhaustive. The name of each database is followed by the producer, the vendor(s) and a description of the content.

APTIC (2)
U.S. Environmental Protection Agency
Dialog File 45
Bibliographic

CIS/ILO (1),(3),(4)
International Labour Office
CCOHS, Questel, Toxline
Bibliographic

BIOSIS (2),(3)
Biological Abstracts
Dialog Files 5,55,255
Bibliographic

Enviroline (2),(3)
Environment Information Center
Dialog, ORBIT
Bibliographic

CASearch (1),(2),(3)
Chemical Abstracts Service
Dialog, ORBIT, etc.
Bibliographic

Environmental Health News (1),(2),(3)
Occupational Health Services
Dialog, ORBIT
Bibliographic

Cancerline (1),(2),(3)
U.S. National Library of Medicine
Medlars
Bibliographic

Excerpta Medica (1),(2),(3)
Excerpta Medica
Dialog Files 72,73,172
Bibliographic

Chemdex/Chemname
Chemical Abstracts Service
ORBIT, Dialog
Chemical Dictionary

Hazardline
Occupational Health Services
Dialog Files 72,73,172 or BRS
Chemical Safety Datasheets

Chemical Exposure (1),(2),(3)
U.S. Oak Ridge National Lab
Dialog File 138
Bibliographic

HSELine (1),(3),(4)
U.K. Health and Safety Executive
Euroline, Infoline
Bibliographic

Chemline
U.S. National Library of Medicine
Medlars
Chemical Dictionary

INIS (2),(4)
International Atomic Energy Agency
Euroline, Can/Ole
Bibliographic

Laboratory Hazards (1),(3),(4)
 Royal Society of Chemistry
 Infoline
 Bibliographic

Medline (1),(2),(3)
 U.S. National Library of Medicine
 Medlars
 Bibliographic

NIOSHTIC (1),(3),(4)
 U.S. NIOSH
 CCOHS, Dialog
 Bibliographic

Pollution Abstracts, (2),(3)
 U.S. NIOSH
 Dialog File 41
 Bibliographic

RTECS
 U.S. NIOSH
 Medlars
 Chemical Safety Datasheets

Toxicology Databank
 U.S. National Library of Medicine
 Medlars
 Chemical Safety Datasheets

Telegen (2),(3),(4)
 Environmental Information Center
 Euroline, Dialog
 Bibliographic

Toxline (1),(2),(3)
 U.S. National Library of Medicine
 Medlars
 Bibliographic

TSCA
 U.S. Environmental Protection Agency
 ORBIT
 Chemical Dictionary

* * * * *

POSITION AVAILABLE

Owen Sound General and Marine Hospital - Health Sciences Librarian

The Owen Sound General and Marine Hospital, a 401 bed community facility, invites applications for a health sciences librarian. Owen Sound, an attractive, small city, is located two hours north of Toronto and offers abundant recreational and cultural activities.

The Health Sciences Librarian is responsible for the administration of the Library including policy formulation, collection development, the budget and the supervision of one Library Technician and volunteer staff. Applicants should have a M.L.S. from an accredited library school, significant administrative experience and a background in the health sciences. MEDLINE experience would also be an asset. Resumes should be submitted to:

Personnel Officer,
 Owen Sound General and Marine Hospital,
 1201 6th Avenue West,
 Owen Sound, Ontario
 N4K 5H3

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Marilyn E. Schafer
Health Science Resource Centre

On June 11, 1985, following the CHLA/ABSC Annual General Meeting, HSRC/CISTI held its first Users' Meeting, the start of a new tradition. The meeting was very well attended considering the late hour.

One question that couldn't be answered at the time concerned the note "No translation located", which sometimes appears on returned, unfilled inter-library loan forms. The question was "How do we interpret that?"

Searches for translations, or locations of translations, are done by the Canadian Index of Scientific Translations, a section of Document Delivery. All indexes held at CISTI are checked, as well as our own collection of translations. Among these are the Translations Register Index of the National Translations Centre in Chicago, the British Library Lending Division Translations and the World Transindex of the International Translations Centre in the Netherlands. Therefore, you can be sure that all major sources where translations may be reported are searched for your request.

One item that was overlooked at the meeting was HSRC's answering machine. On the recommendation of the HSRC Advisory Committee HSRC purchased and installed an answering machine on one of the telephone lines. When there are staff shortages, such as during training sessions, it would be very helpful if you would leave your name and number for HSRC staff who will make a point of getting back to you.

It has often been the case that a call will revert to the answering machine when the other two lines are busy. In such cases, the machine is checked and the call returned as soon as one person is free to do so. However, HSRC has discovered the hard way that the operator will not allow a collect call to go to the answering machine. In such cases please call again.

As a follow-up to the question of the availability of audio-visual materials, your attention is drawn to a product of the National Film Board of Canada called FORMAT. It is a national computerized information system for Canadian-produced audiovisual material. The database contains over 15,000 records on AV productions. For further information write to:

Donald Bidd (D-13)
Manager - FORMAT
National Film Board of Canada
P.O. Box 6100, Station A
Montreal, Quebec H3C 3H5

or consult the following two articles:

Computerized information system operates for A-V materials. Canadian Library Journal 1984 December; p. 323-330.

Dykstra, M. Format: Connecting Canada's Audiovisual Information. The Canadian Journal of Information Science 1984 June; p. 139-148.

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ

Marilyn E. Schafer
Centre bibliographique des sciences de la santé

La première réunion des usagers du CBSS de l'ICIST a eu lieu le 11 juin 1985, après la réunion générale annuelle de la CHLA/ABSC, marquant ainsi le début d'une nouvelle tradition. La participation à cette réunion a été des plus satisfaisante étant donné l'heure tardive.

Une des questions à laquelle je n'ai pu répondre lors de cette réunion concernait la note "aucune traduction signalée" qui apparaît parfois sur les formules de prêt interbibliothèque non remplies qui sont retournées. La question était la suivante: "Comment interpréter cette note?"

Les recherches concernant les traductions et leur localisation sont effectuées par le Répertoire canadien des traductions scientifiques, une section du Service de fourniture de documents. Tous les index conservés à l'ICIST sont vérifiés, de même que notre propre collection de traductions. Parmi ces index on trouve le Translations Register Index du National Translations Centre de Chicago, le British Library Lending Division Translations et le World Transindex du International Translations Centre des Pays-Bas. Vous pouvez donc être assuré que toutes les sources importantes susceptibles de signaler les traductions sont consultées pour répondre à votre demande.

Lors de cette réunion, je n'ai pas abordé la question du répondeur automatique. Sur la recommandation du Comité consultatif du CBSS, nous avons en effet acheté et installé un répondeur automatique. Lorsque tout notre personnel est occupé à répondre aux demandes des clients, il est très commode que vous puissiez laisser votre nom et votre numéro de téléphone afin que nous vous rappelions dès que possible. Nous nous efforçons toujours de le faire dans les délais les plus brefs.

Il arrive souvent qu'un appel soit acheminé au répondeur automatique lorsque les deux lignes téléphoniques sont occupées. Dans de tels cas, nous vérifions et rappelons l'interlocuteur aussitôt qu'un membre du personnel est en mesure de le faire. Nous avons également découvert que le téléphoniste ne peut autoriser l'acheminement d'un appel à frais virés sur le répondeur automatique et que, dans ce cas, vous devez appeler de nouveau.

Pour faire suite à la question de la disponibilité du matériel audio-visuel, j'aimerais attirer votre attention sur un produit de l'Office national du film du Canada appelé FORMAT. Ce système documentaire national automatisé renferme plus de 15 000 références de documents audio-visuels produits au Canada. Pour de plus amples informations, adressez-vous à:

Donald Bidd (D-13)
 Directeur - FORMAT
 Office national du film du Canada
 B.P. 6100, Station A
 Montréal (Québec) H3C 3H5

ou consulter les deux articles suivants:

Computerized information system operates for A-V materials. Canadian Library Journal 1984 December; p. 323-330.

Dykstra, M. FORMAT: Connecting Canada's Audiovisual Information. La Revue canadienne des sciences de l'information 1984 Juin; p. 139-148.

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UPCOMING MEETINGS

1986 CHLA/ABSC ANNUAL MEETING

The 10th CHLA/ABSC Annual Meeting is to be held in Montreal at the Holiday Inn, Sherbrooke Street. Hanna Waluzyniec of McGill Medical Library, and newly appointed to the Board, is the Conference Chair. The theme of the meeting is to be In Pursuit of Excellence and CHLA/ABSC members who are interested in rising to the occasion are invited to discuss possible papers with Program Committee members Berti LeSieur of McGill Medical Library and Bonnie Stableford.

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43RD CONFERENCE AND CONGRESS OF THE INTERNATIONAL FEDERATION FOR DOCUMENTATION (FID)

September 14-18, 1986

The chosen theme for this conference is information, communications and technology transfer. Further information about this conference may be obtained from the Local Organizing Committee, 43rd FID Conference and Congress, C.P. 1144, Succursale Place Desjardins, Montreal, Quebec H5B 1B3.

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THIRD BIENNIAL SYMPOSIUM ON INFORMATION IN THE HEALTH SCIENCES

Sponsored by the Dr. George S. Williamson Health Sciences Library, Ottawa Civic Hospital

Wednesday October 2, 1985

The purpose of this symposium is to inform health care personnel about developments and trends in information management and services in health sciences centres and libraries. For further information please contact Miss. M. Brown, Director of Library Services, Ottawa Civic Hospital, 1053 Carling Avenue, Ottawa K1Y 4E9 or telephone (613) 725-4459.

CANADIAN HEALTH LIBRARIES ASSOCIATION
ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE DU CANADA

INTERIM FINANCIAL STATEMENTS
JUNE 1, 1984 - MAY 31, 1985

Opening Balance at June 1, 1984	\$29,417.20
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REVENUE

Membership 1984-85	\$ 9,563.55	
Membership 1985-86	3,758.26	
Conference 1984	11,073.11	
Sales & Advertising	254.83	
Interest (1)	2,304.85	26,954.60

Total Funds Available	56,371.80
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EXPENDITURES

Publication & Printing (2)	\$ 6,984.30	
Travel (3)	3,686.43	
MLA Conference (4)	300.00	
Telephone & Postage	347.00	
Translation	766.35	
Conference 1985	2,000.00	
Auditor's Fee	150.00	
Bank Charges	9.40	
Continuing Education Comm.	53.25	
CIDA Grant (5)	20,000.00	
Sundry	60.00	34,357.29

Closing Balance at May 31, 1985	\$22,014.51
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STATEMENT OF ASSETS AT MAY 31, 1985

Bank - Savings	5,187.46
Chequing	651.09
Term Deposits	16,175.96
	<u>\$22,014.51</u>

NOTES:

- (1) Interest from Savings Account and Term Deposits.
- (2) Printing and distribution of BMC Vol. 6 #1-5; partial typesetting and printing of Canhealth; Membership list.
- (3) Travel expenses for the fall and winter CHLA Board meetings.
- (4) To defray some expenses of the MLA Liaison to attend the Medical Library Association Conference on behalf of CHLA.
- (5) Fifth International Congress on Medical Librarianship.

WINDSOR AREA HEALTH LIBRARIANS ASSOCIATION (WAHLA)

Patricia Black
President

WAHLA continues to add new members from the Sarnia, Chatham, and Leamington areas and now has 17 members. In addition to hospital libraries, the group also has representatives from the University of Windsor, St. Clair College, and the Windsor Health Unit.

The Meeting schedule remains the same: quarterly meetings for the full membership and core meetings (Windsor hospital librarians only) when necessary.

Conferences attended: WAHLA members attended all of the Metropolitan Detroit Medical Library Group meetings, and one of our members continues to sit on their inter-library loan committee. Chatham members attended the meetings of the London Area Group. Two members of WAHLA will attend the Medical Library Association's World Conference in Japan in October.

The first microfiche copies of the serials list for the Southeastern Michigan Union List Group were distributed in March. This sub-group of the statewide OCLC serials list is a locating tool for health sciences libraries in southeastern Michigan. WAHLA members who have purchased this microfiche and signed the inter-library loan agreement with MDMLG have access to free photocopies from member libraries. WAHLA members would like input from Ontario health sciences librarians who would be interested in developing a similar journal locating tool with a view to providing free photocopies to participating libraries. Please contact Mrs. Patricia Black, Medical Library, Metropolitan General Hospital, Windsor, Ontario N8W 1L9.

Quality Assurance has been our main educational topic during the past year. We had a presentation at the December meeting and a major workshop for the March meeting.

Hotel Dieu and Metropolitan Libraries continue to use MEDLINE or BRS; Grace Hospital will be online within a few months. Heavy computer use results in increased inter-library loan requests and is another reason WAHLA supports the idea of a reciprocal Inter-Library Loan Agreement.

Elections were held at the May meeting. Mrs. Toni Janik was elected President and Mrs. Anna Henshaw will be Secretary.

O.H.A. REGION 8 LIBRARIANS' ASSOCIATION

Penny Levi
President

I am delighted to report for the very first time on behalf of the Kingston Chapters. First, let me explain our name: O.H.A. Region 8 Librarians' Association. In the spring of 1984, our Association was granted Standing Committee Status by the Ontario Hospital Association in the Region to which Kingston belongs, Region 8; hence our name! The second exciting event in 1984 was our welcome as a Chapter of CHLA/ABSC in November. These are both new affiliations for our group which has actually been working together for some time, meeting three times annually: in the fall, winter and spring/summer.

Summary of Activities

Since 1981, hospital, university and community college libraries in the Kingston area have contributed to, and updated, a union list of health sciences serials called, "Title Guide to Serials". This computerized Guide is produced and printed annually, courtesy of the St. Lawrence Community College Library. It is available for purchase for \$50.00. During this same period, computerized literature searches have become available for Kingston area physicians, nurses, and other health care professionals from the Bracken Health Sciences Library at Queen's University and, more recently, from the Library at the Hotel Dieu Hospital.

In the summer of 1982, a preliminary survey of audiovisual holdings in the Kingston area was also conducted. A grant was obtained from Summer Works by the Kingston General Hospital to carry out this survey, in conjunction with a study of geriatric print material in the district. Six students were hired and worked very hard, accomplishing a great deal, but unfortunately most of them were not trained in library science. Nevertheless, as preliminary lists of the material were made available, the draft catalogues are quite useful. In September 1983, the hospital libraries in the Kingston area had the opportunity to participate in "Care Day" at Queen's University, with displays and films about seniors, which brought geriatrics and audiovisuals together.

Finally, in September 1984, the Association presented its first Annual Report of activities to the Ontario Hospital Association Region 8 Annual Meeting at Olympic Harbour in Kingston. This was the culmination of a long quest. The OHA has not always provided a place for hospital librarians in its regional activities, and it was very gratifying to be recognized as a Standing Committee with an active role in the Region.

Now the Association looks forward to expanding its horizons still further through contacts with CHLA/ABSC and its Chapters across Canada. 1985 is only the beginning!

The new executive is as follows:

President

Gwen Wright
Health Sciences Librarian
Bracken Library
Queen's University
Botterell Hall, Stuart Street
Kingston, Ontario
K7L 3N6
(613) 547-5754

Vice-President/President Elect

Jane Law
Kingston General Hospital
76 Stuart Street
Kingston, Ontario
K7L 2V7
(613) 548-3232

Secretary-Treasurer

Vivian Ludwin
Bracken Library, Queen's University
Botterell Hall, Stuart Street
Kingston, Ontario
K7L 3N6
(613) 547-5754

MANITOBA HEALTH LIBRARIES ASSOCIATION

1985/86 EXECUTIVE

President

Ada Ducas
Science Library
University of Manitoba
WINNIPEG, Manitoba
R3E 2N2
(204) 474-8171

Home: 501 Waterloo St.
WINNIPEG
(204) 452-7491

Vice-President/President Elect

Doris Pritchard
Neilson Dental Library
University of Manitoba
780 Bannatyne Avenue
WINNIPEG, Manitoba
R3E 0W3
(204) 786-3635

Secretary

Edith Konoplenko
Library
Concordia General Hospital
1095 Concordia Avenue
WINNIPEG, Manitoba
R2K 3S8
(204) 667-1560 (ext. 163)

Treasurer

Helene Proteau
Extension Librarian
Medical Library
University of Manitoba
770 Bannatyne Avenue
WINNIPEG, Manitoba
R3E 0W3
(204) 786-4342

TORONTO HEALTH LIBRARIES ASSOCIATION

1985/6 EXECUTIVEPresident

Bev Brown
Library
Canadian Memorial Chiropractic
College,
1900 Bayview Avenue
Toronto, Ontario
M4G 3E6
(416) 482-2340

Vice-President/President Elect

Catherine Pepper
Health Information Resource Centre
Toronto Department of Public
Health,
7th Floor East Tower
Toronto City Hall
Toronto, Ontario
M5H 2N2
(416) 947-7450

Secretary

Lynda Baker
Health Sciences Library
McMaster University
1200 Main Street West
Hamilton, Ontario
L8N 3Z5

Treasurer

Catherine Weisenberger
435 Roehampton Avenue
Toronto, Ontario
M4P 1S3

* * * * *

NEW PUBLICATIONS

Publications Section,
CISTI, NRC Canada,
Ottawa, L1A 0S2

Scientific and Technical Societies of Canada, 1984 edition, NRCC 24088
\$12.00 ea

The Secretary,
Interdepartmental Committee on Toxic Chemicals,
Priority Issues Directorate, Environment Canada,
Hull, Quebec
K1A 1C8

Dioxins in Canada: The Federal Approach.

EDUCATION COMMITTEE

Margaret Taylor
Chair

Membership

Members for the 1984-85 were: Margaret Taylor, Ottawa (Chairman); Mary Conchelos, Toronto (Needs Analysis Project Officer); William Maes, Calgary (Conference CE Committee Chairman); Michael Tennenhouse, Winnipeg; Sylvia Katzer, London; Margo Hawley, Ottawa; Marilyn Schafer, Ottawa; Linda Solomon Shiff, Ottawa; and Anitra Laycock, Halifax.

Three members finished their terms of office on June 30, 1985. They are: Margaret Taylor, Mary Conchelos and Linda Solomon Shiff. At least two new members must be recruited and an advertisement has been placed in BMC. A Conference CE Chairman is needed for 1986 and a name has been submitted to the incoming President, Diana Kent. The Chairman of the Education Committee must also be found and two names from the continuing committee members have been submitted to Diana Kent.

Meetings

The Education Committee is dispersed across Canada and thus it has been impossible for the entire membership to meet. However, the Ottawa members have managed to meet four times. In addition, Mrs. Taylor has been able to meet with Mary Conchelos in Toronto on several occasions and has also been in constant telephone communication with William Maes. The other members have received minutes of meetings and copies of all reports and correspondence.

Activities1. Conference Continuing Education Courses

William Maes, Conference CE Committee Chairman, has done an excellent job arranging the continuing education offerings at Calgary this year. These courses include:

CE 8 Managing to Save Time: This course focused on time management and was therefore, of value to all library personnel. Participants learned to set priorities and focus on essential versus non-essential work; to plan and organize work to get maximum use of the work day; to identify and minimize the impact of "time-wasters" and to use a day-timer for planning and recording their work. The instructor was Dr. Robert A. Schulz from the Faculty of Management at the University of Calgary. This course has been awarded 6.6 CEU's from the Medical Library Association.

CE 9 Reference Services for Small Medical Libraries: This course was developed by Mrs. M.A. Flower, a health library consultant from Kingston, who is also a long-standing member of CHLA, a former President of our association and a certified CE instructor. The course covered the basic reference tools that should be in all small health libraries and other reference services that these libraries can use on behalf of their clientele. CEU's are being sought for this course and an announcement will appear in BMC when they have been awarded by MLA.

Advanced MEDLINE: This short course (1/2 day) was given by CISTI staff. It helped MEDLINE searchers with advanced search strategies.

Advanced Medical Literature Searching: A 1/2 day course which was offered by Dialog staff. It was intended as a complement to the other short course in that it covers advanced search strategies for the Excerpta Medica database and other health databases available on Dialog.

Both the Dialog and CISTI courses are automatically certified by MLA for CEU credit.

2. Health Statistics Course

Mrs. Taylor and Dr. Geoffrey Pendrill from the School of Library and Information Science (University of Western Ontario), have discussed by telephone the possibility of asking a Master of Library Science student to work on a project for academic credit under the supervision of a CHLA member. The project would be to develop a course for CHLA on Canadian health statistics, i.e. the sources and the types of materials available such as printed reports or online databases, etc. The student would do most of the ground-work with guidance from the CHLA member and together they would produce a syllabus for the next CHLA meeting. It is hoped that the CHLA member would also agree to teach the course, but this is open to negotiation. Dr. Pendrill is now looking for a suitable student candidate.

3. CHLA Needs Assessment and Membership Survey

Mary Conchelos, one of our Education Committee members, and Carol Morrison, one of our CHLA Board members, have been working on a combined membership survey and continuing education needs analysis. Various draft versions of this survey were prepared and forwarded to the Education Committee and the Board for comments and a final draft was also pre-tested in May. The final version should be ready for distribution this summer. The needs analysis part of the survey addresses a number of issues such as whether CHLA members want MLA certification for CHLA courses, what types of courses or CE activities that the membership most wants and needs, and what types of topics would be most suitable.

4. MLA Certification

The Education Committee has spent a lot of time this year discussing several issues regarding MLA certification:

1. How many CHLA members have or want MLA certification and do they want MLA credits for CHLA courses?
2. Do the terms of the Bilateral Agreement between MLA and CHLA provide for automatic certification of all CHLA courses by MLA?
3. What is the future of the MLA certification program?

With regard to the first point, the needs analysis part of the membership survey should provide some answers. Mrs. Taylor has also requested that MLA provide her with a list of all Canadian MLA members who have been certified so that she can cross-check this with the survey results.

With regard to the second point, both Diana Kent and Margaret Taylor have written to the Director of Education for MLA, Dr. Kent Mayfield, to request clarification of the coverage of the Bilateral Agreement with respect to continuing education activities. The replies seem to indicate that the automatic approval of CHLA courses by MLA "extends only to courses developed by CHLA/ABSC...and not to those developed by an independent consultant, for example, with whom CHLA/ABSC enters into contract". Using

these guidelines, Mrs. Taylor applied for and obtained approval for CE8 and is still waiting to hear about approval for CE9 for which she requested automatic approval as it is being developed by a CHLA member.

Mrs. Taylor, Mrs. Kent and Mr. Crawford met with Dr. Mayfield at the MLA Annual Meeting in New York in May to discuss the procedures and policies regarding MLA approval of CHLA courses.

With regard to the third point, further complications in the certification process for CHLA courses have arisen as a result of the comment by MLA President, Phyllis Mirsky, in the January issue of BMLA: "MLA cannot sustain the present costs of the certification and recertification in the face of declining demand". It is hoped that the meeting between Dr. Mayfield and the CHLA members will produce more information about the future of the MLA certification program.

Future Projects

The 1985-86 Education Committee faces a very busy year:

1. interpreting the results of the needs analysis and implementing programs to meet these needs
2. dealing with the uncertainty of the MLA certification issue
3. finding instructors and course developers for future CHLA meetings including CHLA '86 in Montreal.

I wish all the continuing Education Committee members good luck in their endeavours and I want to thank all my 1984-85 members for their advice and support this year. A special thank you is due to Mary and Bill who worked so hard on their own projects.

* * * * *

REPORT OF THE MEMBERSHIP COMMITTEE

Linda Harvey
Chairperson

There are now 367 CHLA/ABSC members, covering all 10 provinces and the Northwest Territories. As well there are members from the United States, Australia, Ireland and Switzerland. Hospital libraries account for 164 members, universities/colleges for 84, 27 members are from various institutions, 24 from government, 14 from pharmaceutical companies, with the remaining 54 members being students, retirees, consultants, etc.

Membership application forms and the new brochures were mailed to all chapter presidents, all Canadian MEDLARS centres and to those in Canadian institutions listed in the MLA Directory who were not already CHLA/ABSC members. Membership information was also sent to Canadian library schools and to selected libraries from the CISTI directory, Health Science Information in Canada - Libraries. Members will be urged to renew for 1985/86 as soon as possible to help decrease the cost of mailing renewal notices.

REPORT OF THE NOMINATIONS & ELECTIONS COMMITTEE, 1985

Barbara Greeniaus
Past President, CHLA

At the October meeting of the Executive in Montreal, Chapter Presidents and Board Members were encouraged to gather nominations for the 1985/86 election.

These efforts were successful and a slate of eight candidates was produced in early February.

Biographical sketches of the candidates and ballots were mailed to the membership during the last week of March.

The election closed on May 1, 1985. Two hundred and four (204) ballots had been received by that date. One ballot was spoiled.

Dorothy Fitzgerald (Hamilton, Ont.) was elected as Vice-President (President-Elect). Hanna Waluzyniec (Montreal, P.Q.) was elected to a three year term on the Board of Directors. Bonita Stableford (Ottawa, Ont.) and Bill Maes (Calgary, Alta.) were elected to the Board for two year terms.

This past election was managed without a formal committee because of the great cooperation of the membership at large. In the future, the Board may decide that it is advisable to use a more rigid electoral structure.

Because this election was extraordinarily close, the chair solicited outside assistance in tabulating and verifying the returns. This may or may not be deemed to be an appropriate procedure to follow in future elections and the Board may choose to address the issue of protocol in auditing returns before the 1986/87 election.

The Chair gratefully acknowledges those members who agreed to stand for election and those members who secured their nominations.

IN MEMORIAM: PHEBE MCLEA PROWSE 1904-1985

Grace Hamlyn

Formerly Chief Medical Librarian
McGill University 1956-1963 and
Librarian Montreal Chest Hospital 1965-1980

Phebe Prowse, a pioneer hospital medical librarian in Canada, died in February 1985 in Guelph, Ontario. The funeral service was held in Montreal, with burial in St. John's Newfoundland.

Born in Newfoundland, Phebe obtained her education on the mainland, graduating from the McGill School of Physical Education in 1924, from Sir George Williams College in 1942 (Bachelor of Arts), and from McGill University in 1946 (Bachelor of Library Science). She taught physical education and later worked as a volunteer organizer of the Town of Mount Royal Public Library but it was not until joining the staff of the Montreal Children's Hospital (MCH) that Phebe found her life's work as a hospital medical librarian. During the 19 years she was in charge of the medical library at MCH she acted also as a consultant in the setting up and management of at least three other hospital libraries.

Phebe was MCH's first professional librarian and established services and collections for which she gained significant recognition from doctors and fellow librarians. In her survey entitled Library Support of Medical Education and Research in Canada (1964), Beatrice B. Simon expressed the opinion that MCH's library services were second to none. MCH administered collections in twenty-six branch libraries, and was therefore among the first, if not the first, to have bibliographic control in its main library. Phebe was very effective in obtaining recognition of the library's vital role in patient care, education and research and her devotion to her work went far beyond the call of duty. Dr. Jessie Boyd Scriver noted in her book, The Montreal Children's Hospital, Years of Growth (1979), that those who were Phebe's colleagues admired her thoroughness and were not infrequently overwhelmed by her tenacity.

Pendant quelques années elle était co-présidente du Comité conjoint des bibliothèques médicales de la Province de Québec, (Association des bibliothécaires du Québec, QLA; l'association maintenant appelée ASTED; Montreal Chapter of the Special Libraries Association). Il y eurent plusieurs réunions concernant les besoins des bibliothèques médicales ainsi que l'appui indispensable des autorités et la nécessité de personnel professionnel. On peut croire que le rapport du Comité était utile au Ministère des Affaires sociales.

It was hard for Phebe to retire from MCH and she continued to keep abreast of library affairs before moving to Guelph where she finally settled to be close to relatives. The friends and relations from across Canada who gathered at the Chapel of the Church of St. Andrew and St. Paul remembered her with great affection. I think that she would have been glad to have us there.

PEOPLE ON THE MOVE

Irene Cameron has recently been appointed librarian at the new Salvation Army Scarborough Grace General Hospital. Until July 1985 Ms. Cameron was working in the library at the Baycrest Centre for Geriatric Care where she replaced Nancy Budd who was on maternity leave.

After working part-time for four years as Reference Librarian at Sunnybrook Medical Centre **Sandra Gold** is soon to take up the full-time position of librarian at the Fire Marshall's Office, Government of Ontario in Toronto.

Deidre Green will assume the position of librarian at the new Credit Valley Hospital, Mississauga in September 1985. The hospital, which is located at 2200 Eglinton Avenue West, Mississauga Ontario L5M 2N1, will open its doors to patients during October or November. Ms. Green is currently Staff Librarian at the Queen Elizabeth Hospital, Toronto where she has been employed since establishing that library nine years ago.

Barbara Greeniaus recently left the health arena and the position of Director of Library Services & Educational Resources at the Health Sciences Centre in Winnipeg to become Director of Public Library Services for Manitoba. Barbara has made innumerable contributions to the health library field, not least of which was her term as President of CHLA during 1983-4, and her presence will be greatly missed by CHLA members.

The Bloorview Children's Hospital in Toronto has just hired its first librarian, **Deborah Lambert** who has previously worked in the reference department of the Science and Medicine Library at the University of Toronto and the Medical Library of the Royal Victoria Hospital in Montreal.

At the end of June **Jackie MacDonald** left the Kellogg Library of Dalhousie University and indeed the field of health sciences librarianship. She will, therefore, be missed by the BMC editors for her contributions to the News and Notes section. Jackie has taken up the position of Science Librarian at Acadia University.

On July 26, 1985 the Ontario Medical Association moved to new quarters at Suite 600, 250 Bloor Street East, Toronto Ontario, M4W 1E6, taking its frazzled library staff with it. The telephone number remains (416) 963-9383.

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INFORMATION FOR CONTRIBUTORS/ADVERTISSEMENTS AUX AUTEURS

The Bibliotheca Medica Canadiana is a vehicle for providing increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editors are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

PUBLISHING SCHEDULE

1985/86

The deadlines for submission of articles to V.7 are as follows:

7:3 November 15, 1985
7:4 January 31, 1986
7:5 April 4, 1986

CALENDRIER DE PUBLICATION

Les dates limites pour des articles pour les envois à paraître:

7:3 15 novembre 1985
7:4 31 janvier 1986
7:5 4 avril 1986

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LITERATURE (CINAHL)

FROM THE EDITORS

In this issue of BMC A Word from the President takes a look at some of the terminology that is prolific within CHLA and, in particular, terms that denote cooperation and communication among librarians and libraries. As Diana Kent says, these terms are not used loosely by librarians but convey a sense of purpose which we all share. Occasionally, however, we let slip jargon that does not precisely delineate our intended meaning; a case in point is the use of the term "network" as it appeared in the last Call for Papers. There are, in fact, relatively few cooperative health library arrangements in Canada that can rightly be termed networks. However, many excellent cooperative arrangements exist and these are well documented here.

The library profession has long recognized the value of sharing information, resources and expertise; perhaps to a greater extent than any other professional group. In this issue of BMC the health library community at large has rallied to share information about local cooperative services and, in so doing, has fused form and content. For this the Editors are extremely grateful and hope that the Call for Papers on page 46 will elicit a similar response.

Jan Greenwood
Editor

Tom Flemming
Assistant Editor

* * * * *

A WORD FROM THE PRESIDENT

Diana Kent

Have you ever noticed how many words beginning with the letter "C" are used in the health sciences library literature to describe optimum relationships among libraries and librarians? I am referring to such words as communication, cooperation, consultation, collaboration, contribution, colleagues, chapters and committees.

Even the Bibliotheca Medica Canadiana and the CHLA/ABSC Bylaws are not immune. The BMC is described as "a vehicle for providing increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker". The following objectives are found in the Association's Bylaws:

CHLA shall also encourage communication and cooperation among its members and shall seek to advance their educational development by any means at its disposal.

In order to further the interests of its members, the Association shall undertake from time to time to consult and collaborate with other professional, technical and scientific organizations in Canada or abroad in matters of mutual interest.

These are not trendy, meaningless words: the Association has been and is energetically engaged in putting them into action.

BMC has developed into a professional journal that is indexed in Library and Information Science Abstracts and the Cumulative Index to Nursing and Allied Health. Each year, it reaches more health libraries as the members and the subscriptions increase. It communicates with workers in these libraries and contributes to their professional development.

David Crawford, the Past President, has been appointed CHLA/ABSC representative on the joint National Library of Canada/Canada Institute for Scientific and Technical Information Task Force on Union Lists. This collaboration was initiated by CHLA/ABSC to urge NLC and CISTI to improve their union lists to facilitate communication and cooperation among the library community in general and the health library community in particular.

A letter was sent in July to the Honourable Marcel Masse, Minister of Communications, expressing CHLA/ABSC's support for the Canadian Library Association's resolution urging continuing funding for the development of the National Library's open electronic information network. This open systems connection (OSI) will allow all participants in the information sector to overcome electronic communication problems brought about by the great diversity of computer hardware and software.

CanHealth, (another "C"), has been published as the Association's first Occasional Paper. It was given gratis to the participants at the 5th International Congress on Medical Librarianship in Tokyo in late September as a gesture of international cooperation and communication.

Over the past few months, CHLA/ABSC colleagues have been consulted by three questionnaires asking for answers on end-user searching, membership analysis continuing education needs and interests, and services provided in hospital libraries.

By the time you read this, CHLA/ABSC and the Association of Canadian Medical Colleges Special Advisory Committee will have had a joint meeting with Mr. Elmer Smith, Director of CISTI, to discuss another collaboration, the CHLA/ACMC Brief to CISTI on the Role of the Health Sciences Resource Centre and Health Information Needs. A report on the Brief and the meeting will be included in a future issue of the BMC.

Committees are very valuable components of the Association and are always under review. Although the Consumer Health Committee was dissolved at the June 12th Board Meeting, the Board fully supports consumer health information activities. It felt simply that communication, cooperation and consultation among those health sciences librarians interested in this subject is most effective at the local rather than at the national level.

Chapters are also very important components of the Association and there are now ten chapters coast to coast. To further communication, every effort has been and will be made for the closest Board member to attend a chapter meeting whenever invitations to the Board are extended. Conversely, Board meetings are open and chapter presidents and committee members are welcome to attend and participate whenever possible.

I have outlined some of the recent activities to illustrate how CHLA/ABSC is putting into practice what it preaches. It is an ongoing process; there will be much more to report on during the coming months.

* * * * *

UN MOT DE LA PRÉSIDENTE

Diana Kent

Avez-vous remarqué combien de mots qui commencent par la lettre C sont employés dans la documentation des bibliothèques des sciences de la santé pour décrire les relations optimales entre les bibliothèques et les bibliothécaires? Je pense à des mots comme coopération, communication, consultation, collaboration, contribution, collègues et comités.

Même Bibliotheca Medica Canadiana et le règlement intérieur de l'ABSC/CHLA ne sont pas à l'abri. BMC est considéré comme "un moyen d'assurer une meilleure communication entre les bibliothèques et les bibliothécaires des sciences de la santé du Canada, qui s'adresse de façon toute particulière aux personnes oeuvrant dans des bibliothèques plus petites et isolées". Dans le règlement intérieur de l'Association, on trouve les objectifs que voici:

L'ABSC encourage également la communication et la coopération entre ses membres et cherche à favoriser leur perfectionnement par tous les moyens possibles.

Afin de défendre les intérêts de ses membres, l'Association consulte d'autres organismes professionnels, scientifiques ou techniques au Canada ou à l'étranger, et collabore avec eux afin de réaliser des objectifs communs.

Ce ne sont pas là des mots à la mode mais vides de sens: l'Association cherche vigoureusement à les mettre en oeuvre.

BMC est désormais une revue professionnelle qui est indexée dans Library and Information Science Abstracts et dans Cumulative Index to Nursing and Allied Health. Chaque année, elle atteint un plus grand nombre de bibliothèques de la santé car le nombre de membres et d'abonnements augmente. Elle permet de communiquer avec le personnel de ces bibliothèques et favorise leur épanouissement professionnel.

Notre président sortant, David Crawford, a été nommé représentant de l'ABSC/CHLA au sein du Groupe de travail mixte sur les catalogues collectifs (Bibliothèque nationale du Canada/Institut canadien de l'information scientifique et technique). Sa participation a été sollicitée par l'ABSC/CHLA afin qu'il exhorté la BNC et l'ICIST à améliorer leurs catalogues collectifs de façon à faciliter la communication et la coopération entre les bibliothèques en général et, en particulier, entre les bibliothèques de la santé.

Une lettre a été envoyée en juillet à l'honorable Marcel Masse, ministre des Communications, afin de manifester l'appui de l'ABSC/CHLA en ce qui concerne la résolution de la Canadian Library Association qui recommande instamment qu'on continue de financer l'élaboration du réseau électronique ouvert de la Bibliothèque nationale. Cette interconnexion de systèmes ouverts (ISO) permettra à tous les participants dans le secteur de l'information de surmonter des problèmes de communication électronique suscités par la grande diversité des appareils et logiciels informatiques.

CanHealth (encore un C) est la première publication occasionnelle de l'Association. Elle a été remise gratuitement aux participants de 5e Congrès international de bibliothéconomie médicale, tenu à Tokyo à la fin de septembre, au nom de la coopération et de la communication internationale.

Depuis quelques mois, nos collègues de l'ABSC/CHLA ont été consultés grâce à trois questionnaires sur les recherches menées par l'utilisateur final, les besoins et souhaits des membres en matière de formation et les services offerts dans les bibliothèques d'hôpital.

Lorsque vous lirez ces lignes, l'ABSC/CHLA et le comité consultatif spécial de l'Association des facultés de médecine du Canada auront tenu une réunion mixte avec M. Elmer Smith, directeur de l'ICIST, au sujet d'un autre genre de collaboration, le mémoire présenté par l'ABSC/CHLA à l'ICIST sur le rôle du Centre bibliographique des sciences de la santé et les besoins documentaires connexes. Un rapport sur ce mémoire et la réunion en question sera publié dans BMC.

Les comités sont un aspect important du travail de l'Association et ils sont constamment passés en revue. Le comité de la santé des consommateurs a été dissous par le Bureau à sa réunion du 12 juin, mais le Bureau appuie pleinement les activités documentaires en matière de santé des consommateurs. Il estime tout simplement qu'il serait plus efficace de poursuivre la communication, la coopération et la consultation entre les bibliothèques des sciences de la santé qui s'y intéressent à un niveau local plutôt que national.

Les sections de l'Association sont aussi un élément important et on en compte maintenant dix d'un océan à l'autre. Pour assurer la communication, le membre du Bureau le plus proche s'efforce, dans la mesure du possible, de participer aux réunions des sections chaque fois qu'une invitation est transmise au Bureau. Inversement, les réunions du Bureau sont ouvertes aux présidents de sections et aux membres des comités qui désirent participer.

J'ai donné un aperçu de nos activités récentes pour montrer comment l'ABSC/CHLA met en pratique ce qu'elle prêche. Ce travail n'est jamais terminé et nous en reparlerons au cours des mois à venir.

* * * * *

ERRATUM

BMC Index: Volume 4-6, 1982-85

The Editors regret that a page of the author listing was inadvertently printed in the subject listing of the index that was published in the last issue of BMC. Please substitute the enclosed correction for leaf number three (beginning Ditrollo F.) in the subject index.

* * * * *

CALL FOR PAPERS

The Editors of BMC plan to devote the next issue; Volume 7, No. 3, to the subject of **REHABILITATION** and are relying on you, the readers, to volunteer appropriate articles or other items on the chosen topic. We ask that you contact any local institutions in the rehabilitation field to submit any information that might be of interest to our readers or that they might wish to publicize. The copy deadline is **November 15, 1985**.

Future issues, to give you plenty of warning, will address such topics as end-user searching, literature of the allied health field and writing skills. As always your suggestions are welcome and we look forward to hearing from you

* * * * *

ELECTRONIC PUBLISHING: MAJOR TRENDS

Oldrich L. Standera
University of Calgary

For the purposes of this paper the term electronic publishing describes a wide variety of processes in which material to be published is electronically processed at one or more stages. Electronic processing can begin at the moment that ideas are conceived and may continue all the way to the moment of delivery on the screen as, for example, in the case of an electronic journal or Videotex pages. Alternatively, the final product may be delivered to the consumer (reader) as a hard copy, in microform, audio tape, videotape, videodisc, braille, sound etc.

The discussion of electronic publishing technology in the following pages has been divided into "Non-Print-based" and "Print-based" methods. It may be safely predicted that both technologies will, in the future, be integrated to a large degree; this process has already started. Dealing with both print and non-print based publishing allows us to take a much broader view of present events and better enables us to assess what is in the cards for the publishing of tomorrow.

Electronic document delivery (EDD) is a term which merits definition in the context of electronic publishing. EDD is a service providing the electronic communication channel through which a client may obtain the desired document(s). The client may be the ultimate user (reader) or an intermediary (e.g. librarian) who procures the document for the end-user. In some systems EDD is an organic part of the electronic publishing scheme rather than a separate entity.

In non-print-based electronic publishing batch information retrieval has been all but replaced by online information retrieval which has widened its scope by adding numeric, statistical, directory-type and other databases to the bibliographic ones. Searching the full text of documents has become common. Full text of documents may either be ordered online, for later delivery, or may be obtained directly at the terminal.

Microcomputers, thanks to their software, will continue to revolutionize the way information can be obtained online. The optical digital disk promises to be one of the factors which may change the prospects for locally distributed retrieval systems. The optical digital disk may become, in the near future, one of the mainstays of extensive publishing systems because of its huge storage capacity which will permit previously unthinkable applications.

The online public-access library catalogue has been taking libraries by a storm: computerized catalogues will enhance library services in that patrons will be able to retrieve more comprehensive information "published", not only by one, but by multiple libraries, and do so in an interactive manner, even in a remote mode.

The future of Videotex, which until now has not been able to make appreciable inroads into the publishing field, must be seen against the backdrop of competition from cable TV, pay TV, interactive TV, videodisc and enhanced user-friendly online retrieval services. Microcomputers offer what was formerly considered as Videotex's strength: namely graphics, colour and inexpensive display.

Even though cable TV cannot meet all of the requirements of electronic publishing, and electronic publishing alone cannot sustain cable TV, the possibility of transmitting voice, data, text, video and facsimile pages makes cable TV suitable for varied communication services such as data-base services, file and software downloading, electronic document delivery, polling, narrow-casting to selected audiences, and local area networks.

Videodisc may be utilized with advantage to store published pictorial information locally while a microcomputer can add interactivity. Microcomputers can also serve to provide access to remote textual databases complemented by locally stored pictures, or they can be applied to support retrieval from textual databases stored locally by images on a videodisc.

Practically all of the essential functions of an electronic journal can be performed on a computer conferencing system and other useful tools can be built into the system whether it resides on a mainframe, minicomputer or, recently, on a microcomputer. The reasons why the electronic journal has not been generally accepted by the communication community are two-fold: in the first place technology has made it possible, but not yet convenient enough, and secondly, cost advantages are not significant enough to turn the tide and convert the conservative end-user. Also authors like to contribute to journals with some prestige, reviewers want to be able to comment in the text and on the margins and readily compare multiple versions, and readers prefer portable printed materials.

An overview of pre-press might lead one to believe that computers are all pervasive in the field. However, while computerization will help pre-press to do some things faster than humans and others that humans cannot do at all, the irony is that it may eventually lead to the demise of print-based publishing in its current form. What is likely to follow is a marriage of print-based and non-print-based electronic publishing, combined with electronic document delivery, a system in which the boundaries will initially be difficult, and later impossible to define. This stage might perhaps best be called "integrated electronic communication" characterized by ease of use, compatibility of component systems and networks, and a variety of peripheral equipment.

Computerization has been the foundation upon which two major trends have developed. Digital graphics allow for more graphics to be included in publications of all kinds, both in "pure" electronic technologies as well as in print. CAD/CAM technologies, initially only of marginal interest to the publishing industry, have moved into the mainstream of events and, melding the vector formats with text and raster format, have presented yet another challenge to system designers. Use of more and better colour illustrations is yet another trend made feasible by the increasing power of computers.

Developments in the changing author-editor-reviewer relationship due to the growing volume of "compuscripts", submitted by authors embracing the new technology, seek to cope with incompatibility of devices and multitudes of data formats.

Development in the modern pre-press, is characterized, among other things, by endeavors to shorten the technological process which streamlines the component procedures, in much the same way as has occurred in other industries.

Text and graphics integration is a goal which has been strived at for a long time but is only now being refined. This process is computer-controlled, both in the print-bound and non print-based communication systems, and the data can be manipulated in all of the character, vector and raster formats as required by editorial and production considerations.

Technically, integration of text with graphics can be performed in a variety of ways: for instance, it may take place in a scanner, in a microcomputer-based system, to a limited extent even in a colour graphics station, in a "graphics paste-up-to-plate" sub-system, but most conveniently on a special page make-up station.

The current upheaval in pre-press technology has resulted in the border lines between individual conventional operations becoming somewhat vague. Whereas formerly one could clearly distinguish between the original data entry, typesetting and subsequent pagination with intermittent proofing, camera and final press, this is no longer the case with the new technology. These moving and ill-defined boundaries have implications for the author-system relationship, namely that the control over the final form of publication is moving closer to the originator.

When assessing the past, present and future contribution of computers to print-based (and, where applicable, to non-print-based) formal communication, one must not only appreciate the areas of design and production, but also the less conspicuous and less frequently reported "non-productive" business applications, such as statistics, accounting, promotion, fulfillment, mailing, questionnaires, forms, editorial office systems, varied "idea processors" to assist authors, as well as the potential to help libraries and other information warehouses with bibliographic control.

Electronic document delivery differs from conventional document delivery by the interposition of an electronic communication channel between the ultimate user or an intermediary and the supplier. EDDs may also be the "back-end" part of a comprehensive electronic publishing system, either in the "pure" electronic form (such as in electronic journals), or in the "dual" or parallel (both print and nonprint) form. The problems of EDD still to be resolved are mostly of a non-technical character, such as legal (copyright), economical and organizational considerations. Some traditional problems remain: the question of who is responsible for archives and the dilemma posed by low-circulation journals.

While any attempts to predict the future of electronic publishing are fraught with hazards because of the continuing volatility of the technology, the impact of artificial intelligence upon the industry is even more difficult. Nonetheless, the prospects are fascinating since there is no doubt that artificial intelligence has the capacity to change radically, in time, the face of electronic publishing. It is quite conceivable that in the near future we will take for granted being able to request a document in the language of one's choice, automated consultants and publishers, automated referral service and the employment of robots to do highly intellectual or routine mechanical tasks. Expert systems are already contending for recognition in the information knowledge industry: the interface between humans and databases will soon be revolutionized by the introduction of natural language capabilities and electronic journals may eventually be entirely processed by expert systems.

To summarize, artificial intelligence and electronic publishing have a great affinity for each other since electronic publishing is about computer-assisted modes of communication, while artificial intelligence strives to bridge the gap between humans and machines through systems that simulate the human mind. The contiguous areas of common concern are the information and knowledge-processing functions, both human and machine. This common ground is the reason why both print-and non-print-based electronic publishing, inclusive of electronic document delivery, stand to benefit from the anticipated, and already emerging, developments in artificial intelligence. Artificial intelligence may well become the catalyst for fully integrated electronic communication by facilitating use by humans of the new automated computer-based systems in knowledge acquisition, processing, dissemination and final assimilation.

HEALTH INFORMATION SYSTEMS: SURVIVAL AND ADAPTATION

Dr. W.L. Zwerman

Department of Sociology
University of Calgary

The following text is from Professor Zwerman's talk delivered at the end of the 9th CHLA/ABSC Annual Meeting and comprises his responses to the events of the preceding two days.

The discussions on the development of new academic information have covered everything from a simplistic theory of the impact of technological change on society to considerations of the details of the proposed new information systems. Some of this is fun to consider, but is not necessarily relevant to real daily problems. As a user, I really look forward to new information systems and would be very happy to see in place today an interactive advanced stage two system that I could afford.

I believe that there are short term alternatives for librarians in the new scheme of things, but adaptations will have to be made soon.

In considering the questions raised (during the conference) let us examine them from three points of view: 1) Surviving the analysis, 2) Individual survival, and 3) Collective responses to the changes - the profession responding.

Surviving the Analysis

The six points given below might help as you make the effort to read Academic Information in the Academic Health Sciences Centre: Roles for the Library in Information Management".(1)

1. Political Aspects

We are dealing with a political question as well as an analytic one. Witness the suggestion that these new systems should be centered in the library; logical and necessary, the paper says:

"The library is the logical and necessary place to begin a process of planned change. When the library seeks support for itself, it does so as an advocate of all who use or need information."(p.45)

The history of the introduction of EDP, within the University and outside of it, clearly indicates that this has not been the path which has been chosen. These systems are normally placed under the direct control of central administrations and not within academic units in the university or within staff units in industry and government. This is clearly recognized in the document when it is stated that one of the two major handicaps librarians work under is that their status may be insufficient to allow them to function as primary change-agents (p.47). This is also generally true of information specialists in the corporate context.

There is a battle or two in the future and you are starting with a moral claim but not much of a power base.

2. The New Technology

The new technology is unpredictable and complex and has been developed essentially as an information and Control technology; examples include washing machines, health technology, robots, etc. Technology cannot be understood, in its development or extensions, without recognizing its inherently complex nature.

While an argument can be made for the fact that all technologies are justified in terms of their extension of our control, information technology has such generalized control implications that it is quite distinct in this respect.

IT IS A DYNAMIC, COMPLEX AND UNPREDICTABLE TECHNOLOGY - WITH MAJOR POWER IMPLICATIONS

3. Homogenization of Information Systems

There will not be a homogenization of information systems since every situation calls for a different form of information processing and exchange. The office will never be exclusively electronic, anymore than it has ever relied exclusively on paper for the transaction of business. The mix will be more complex and the quantity of information processed will be far greater.

THERE ARE NO HOMOGENEOUS SYSTEMS

4. Compatibility

There is some misapprehension that the developing systems will easily link with one another. Compatibility will not characterize electronic systems in the foreseeable future because the rate of change is too great, new problems demand new systems and the market places a premium on system development. Innovation is rewarded and big stakes await those who introduce a new and successful product.

There will be no magical solution to the problem of incompatibility. Even the integration of the electronic options presents problems and is very expensive.

THERE IS NO COMPATIBILITY

5. Innovation

The development, operations and extensions of the system occur in complex patterns which are partially unpredictable and the behavioural implications of which are little understood.

The analysis is presented in a "linear" form while the actual process is anything but linear. There are NO diagrams of STAGE 1 and STAGE 2, except those which are drawn up at any given time to reflect the current history of the operation in an effort to pretend that the system has stabilized.

IT IS NOT A LINEAR PROCESS

6. Role and Behavioural Change

The social consequences of the new technology were felt immediately: experts in the field emerged and these "new stars" wrote and presented papers to each other and the uninitiated; new positions and organizational units with budgets and privileged lines of communication also appeared. The impact upon behaviour was instantly apparent.

A very good case can be made to the effect that librarians as we now know them will be almost extinct within the next 20 years, the effects being obvious now and the impact on the profession is accelerating. The rate, pattern and nature of that impact are open to question.

If we accept that most librarians will be around as managers and data entry personnel, and that a few will emerge as "super problem solvers", the fact remains that some "traditional librarians" will linger. Inevitably the changes that occur will be influenced by the individual circumstances that pertain. It should be noted that the roles of physicians, surgeons, nurses, and technologists, will also change very rapidly in the next few years.

So, what can you do and how should you respond?

Individual Survival

The introduction of a new technology often leaves room for incumbents to remain in place and retire ahead of the introduction of the new systems into their work space. The incumbents have a choice, of sorts, about whether they will adapt by learning the new technology or pursue the remaining niches. The latter is obviously an option for many librarians, but many positions have already been lost and more will go. The labour force is likely to continue to shrink into the foreseeable future because of an economic climate that has caused the cutting of budgets in areas sometimes defined as luxuries, such as libraries and education.

In such a situation several opportunities are available to incumbents:

1. Learn the new technology.
2. Move into general management.
3. Seek the niches which will remain in the system.
4. Retrain or retire.

1. Learning the New Technology

Keeping up with the new technology demands skills, at the very least to use the new information systems. There is a curious element to the technology which differentiates it from technologies like that of the automobile. (It has often been said that you don't need to know how to build or repair a car in order to drive one).

The difference in this case is that we are dealing with a very rapidly changing technology which has quirks and generally behaves in strange ways. The basic technology of the automobile did not change from the thirties to the seventies. The basic technology of electronic information systems is changing so rapidly that five year forecasting is difficult. Part of the reason for this is that computers are now used to design and construct more sophisticated computers and software systems; the latter are then used to do the same thing. For this reason it is relatively important to know something about computers.

Those with an inclination toward the new computer technology would be well advised to spend some time with it.

2. Management:

There will always be some opportunities in general management. The level of abstraction dealt with in general management removes one from the details of the system. Unfortunately, computer illiteracy also tends to weaken the power and authority of managers as they are forced to delegate important decisions to subordinates; decisions affecting such things as organization, client relations and budget matters.

Often current senior management is not competent to handle the changes and so gives way to the new breed below; muttering or cursing on the way out.

3. Niches

There are always a number of positions which escape the initial brunt of change. These tend either to be small and marginal operations or operations whose characteristics don't lend themselves to easy change.

The demand for traditional librarians will probably continue for longer in research-based operations than in those that are more routine.

Also, let us never forget that there will always be people who will "demand" people, i.e. librarians.

The point here is that the introduction and spread of new technologies does not occur instantly or evenly throughout the system.

4. Re-training and Retirement

One current form of adjustment is the Golden Handshake. For many an early sweetheart retirement is the answer. This is particularly the case for active people with wide ranging interests, as the retirement literature clearly indicates the prospect of a happy retirement for these people.

A second form of adjustment is often re-training. This provides, for some, an opportunity to get out of a trap. Not all librarians like their work. During the introduction of changes the opportunity to bail out is maximized. This alternative should never be discounted.

Collective Responses

This requires commitment, risk and passion. There hasn't been much passion demonstrated here. There have been enough polemical statements made to arouse many other groups - but not you. At the collective level - whether it be a small group in a single library, a consortium of libraries, the discipline or some form of umbrella organization - there is an absolute need for self-confidence, a belief in each other, a willingness to take risks and a passionate and compulsive commitment to defined objectives.

POINT: The "threat" is not to the existence of libraries or librarians, per se. The threat is to librarians and libraries as we know them as managers of public repositories of information. The private libraries are forming and they will cream the big markets if they are left to their own devices. They won't take everything - not the unprofitable - and they won't take the major markets all at once. BUT, the rate of development clearly indicates that the new complexes may become the dominant centres of the "new libraries" and that this will take twenty years at the most.

Do you believe in the public trust; in your capacity to serve it? Is it worth the effort?

Can you become guerrillas? Can you practice deception, lie, make end-runs and form alliances.

If you want to do anything it must be done in teams; individuals don't change systems. Power must be tapped at the highest levels you can reach.

If you are a health librarian, in a university library, in a Province or a State that is not funding education, you have a tough row to hoe. If you don't cultivate it, however, someone else will.

I really wish I had seen more emotion here - more anger and concern, more desire expressed to save those valued elements in the system which transcend the technologies.

1. Matheson NW and Cooper JAD. Academic information in the academic health sciences centre: roles for the library in information management. J Med Educ 1982 Oct; 57(10), part 2.

1985 CONFERENCE CONTINUING EDUCATION ACTIVITIES

Margaret Taylor
Chair, Education Committee

This year, William Maes, the Conference CE Chair, organized two excellent courses for CHLA members. They were: CE 9 - CanHealth: Basic Reference Resources in Canada and CE 8 - Managing to Save Time.

CE 9, designed and conducted by Babs Flower, was an overview of basic reference services and resources in Canadian health libraries and was aimed at those individuals with limited experience in health science librarianship. The course content included sessions on directories, indexes, managing reference requests, answering questions, dealing with library committees. Methods for presentation of the material included lecture, panel discussion and role-playing. The 28 participants rated this course very highly, giving it an overall rating of 3.9 (out of a possible 5.0). Some of the comments were: "role-playing gave everyone an opportunity to participate"; "role-playing was the most fun"; "the positive atmosphere allowed different points of view to be aired".

CE 8 was designed and conducted by Dr. Bob Schulz, a professor in Management Studies at the University of Calgary. Twenty people were present at his workshop. Dr. Schulz's course was designed to help individuals to recognize and minimize the impact of time-wasters at work, to plan and organize work to get maximum use of the work-day and to set priorities that focus on essential versus non-essential work. Methods of instruction included lecture, games, time management exercises, and lots of class participation in identifying time-wasters. The overall rating of this course was an excellent 4.4 (out of 5.0) and comments given included: "nice blend of lecture and participation"; "lots of good practical suggestions" and "very practical applications for librarians".

REPORT OF THE EDITORS - BIBLIOTHECA MEDICA CANADIANA (July 1984 - June 1985)

Bonnie Stableford
Editor

Jan Greenwood
Assistant Editor

A. PUBLISHING ACTIVITY

	<u>Pages</u>	<u>Feature Articles*</u>	<u>Comments</u>
V.6#1	44	7	Conference Papers
V.6#2	48	6	Conference Papers
V.6#3	48	7	Occupational Health
V.6#4	44	8	Quality Assurance
V.6#5	48	4	Quality Assurance

* Excludes Chapter/Committee reports and regular columns.

Total pages published: 232

This represents a 27% increase over the previous year.

B. INDEXING

The Cumulative Index to Nursing and Allied Health Literature (CINAHL) has agreed to index BMC, effective with volume #7.

BMC is indexed now in two major abstracts: CINAHL and LISA.

A second request will be sent to H.W. Wilson for possible inclusion of BMC in Library Literature.

C. NEW EDITORS

With the approval of the Board, Ms. Jan Greenwood (Ontario Medical Association) will assume the editorship for a one-year period effective July 1985; Mr. Tom Flemming (McMaster University) has agreed to become the Assistant Editor for a one-year period from July 1985 to June 1986 and Editor from June 1986 to July 1987.

D. EDITORIAL POLICY

The increased number of submissions, particularly in response to theme issues, accounts for a continual increase in publishing activity. This has implications both for costs and inclusion/refusal of articles.

RECOMMENDATIONS: The CHLA Board develop a written editorial policy for BMC which would include a statement on the maximum size of BMC each year, as well as specific criteria for article length, quality and format. The possible future use of peer review for submissions should at least be considered.

B.C. MEDICAL LIBRARY SERVICE

Bill Fraser
Director

Introduction

In the other provinces where there are medical schools, extension services to physicians are provided by the university medical school libraries. In British Columbia the situation is different. While U.B.C. does offer backup resources, services to physicians and hospitals throughout the province are provided directly by the B.C. Medical Library Service, operated with funding from the College of Physicians and Surgeons of B.C.

History

The earliest medical library in B.C. was formed in 1906 by the Vancouver Medical Association (V.M.A.). One of the first donors was Sir William Osler who, in a letter to library committee chairman Dr. J.M Pearson in 1908, said "Tell some of the members from me, please, that money invested in a library gives much better return than mining stock".

Although the library remained relatively small, it was able to collect some old and valuable volumes including an Albinus and the Lancet complete to the first issue in 1823. Secretary-librarians who initially were paid \$30.00 per month, managed the library for many years.

Before the development of the medical school, the V.M.A. library in the 1940's and early '50's experienced increasing demand for its services from physicians outside the City of Vancouver. When the biomedical library at U.B.C. was formed in 1950, a bid was made by the Dean of Medicine to absorb the V.M.A. library. This proposal was defeated by the Vancouver doctors who chose to maintain their own library independent of U.B.C.

During the 1950's Doreen Fraser, biomedical librarian at U.B.C., conducted two in-depth surveys of the V.M.A. library which resulted in the hiring of a professional librarian and a recommendation that the library be funded on a province-wide basis. The College of Physicians and Surgeons agreed to act as a funding body and, after two referendums, the B.C. Medical Library Service was established on a permanent basis in 1962.

Hospital Libraries

What makes BCMLS unique is its extensive involvement with hospital libraries in British Columbia. From the beginning, \$10 per doctor from the money collected by the College for the library service has been returned to hospitals outside the City of Vancouver. Currently, about \$35,000 goes back to hospitals.

These grants are handled in two ways. The large hospitals staffed by librarians receive a cheque for the \$10/doctor amount each year. For 90 small to medium hospitals with no professional staff the money is kept in the Central Library as a credit. The hospital libraries send their book requests to the Library Service where the books are

ordered, received, catalogued and processed. Books are then mailed to the hospital libraries complete with spine labels and catalogue cards. Any purchases in excess of the grant are invoiced to the hospital. The book credits are established annually and are not held over from one year to the next. Unspent money goes back into the book fund for the College library.

The grants to hospital libraries are intended as seed money to provide ongoing funds and stimulate local support. Hospitals are asked for an accounting each year and, if local funds are not forthcoming, the grant is withdrawn.

B.C. hospital libraries receive other benefits from their affiliation with the College Library Service. Since 1964 we have published an annual booklist Recent and Recommended Medical Books for Hospital Libraries, which is heavily utilized as a selection aid. Consultant services are also provided as each hospital receives a visit from the Chief Librarian of the Library Service every two to three years. Workshops for medical record personnel are also held periodically.

The Keith Library

The collection of the B.C. Medical Library Service was named in memory of Dr. W.D.-Keith, one of the original members of the V.M.A. library committee in 1906. It consists of 10,000 books and monographs, 630 journal subscriptions, 60,000 bound journals, 300 pamphlets, 1,000 audio tapes, and 50 videos.

As the major resource library for the province's hospitals we are fortunate in being backed up by the U.B.C. library system. Since we are centrally located in Vancouver, we receive daily delivery service from both the Woodward Biomedical Library at U.B.C.- and its affiliated teaching hospitals.

The staff consists of four librarians (one part-time), two library technicians, five library assistants (two part-time) and a part-time student who locates material borrowed from U.B.C. The average volume of major reference questions is 300 per month, most of these on-line searches.

Our clientele consists of the 6,000 registered physicians in B.C. and about 200 physiotherapists who have contracted with us to receive services. We also have I.L.L. contracts with health institutions such as the Vancouver Health Department and the Workers' Compensation Board. Physicians and physiotherapist members receive 100 pages of photocopying per year without charge. In excess of 100 pages is charged at \$.20 per page.

Conclusion

Begun on a trial basis in 1960, the B.C. Medical Library Service is celebrating 25 years of service to B.C. physicians and hospitals. Our major effort to celebrate consists of buying three microcomputers to be used for serials, photocopying records and on-line searching. We are investigating other technologies that will increase and extend our electronic communications with B.C. hospitals during the next 25 years.

CENTRAL ONTARIO HEALTH SCIENCES LIBRARY NETWORK

Christie Macmillan
Coordinator, COHSLN

Still in its infancy, the Central Ontario Health Sciences Library Network (COHSLN) was conceived through the casual chat of two health sciences librarians from Orillia and Owen Sound. Because of their relatively isolated locations, far from the major health sciences resource centres further south, both had experienced frustration at times in providing information quickly and cheaply to library users. It was felt that a network of area health sciences resources might alleviate some of the problems.

In the summer of 1984, a questionnaire investigating the need for such a network was sent to 29 institutions (22 hospitals, 4 mental health/retardation facilities, 3 college libraries) in the Central Ontario region. The area included Region 3 as defined by the Ontario Hospital Association and some potential peripheral cities. Of the facilities polled 21 library coordinators expressed interest and approximately half attended a meeting in October of the same year.

This initial meeting was valuable for several reasons. First, it unearthed resources available in the area, resources relating to the health sciences but quite diverse in nature. Collection specialties included medicine, mental retardation, psychiatry/mental health, nursing, and other allied health sciences. The libraries themselves varied in complexity, from large, established centres offering online searching to informal book collections under the wing of an inservice or medical records department.

A second, and equally important, benefit to the meeting was the contact made by the library coordinators. Library experience and qualifications included MLS graduates, library technicians, inservice coordinators, medical records department heads, and secretaries. Despite this range, all had the common task of providing health sciences information and all had felt isolation and frustration in varying degrees. Meeting with colleagues and sharing ideas laid the life-lines of the network.

A third outcome of the meeting was the development of the network's terms of reference. It was decided that the goal would be to promote the provision of quality library services through:

1. the support of a cooperative group of area health sciences/health care related libraries
2. the establishment of a formal system of communication between area resources
3. the advancement of educational development of its members
4. the expansion of available resources through cooperation
5. the provision of consultation with others in areas of mutual interest.

To this end, among the objectives considered were the development of a union list and an efficient interlibrary loan system, the exchange of discarded/duplicate material, continuing education workshops, the development of complementary collection development policies, the provision of library consultations, the facilitation of extended reference and technical services, and regularly held meetings. Defined as a first priority was

the development of a serials union list. Other activities deemed important were interlibrary loans, a network information depot, reference work, and meetings to be held twice-yearly and rotationally through the area.

COHSLN was born.

A second meeting (Spring 1985) focused on the progress of the serials union list. Specific guidelines were circulated to members in order to standardize submitted serial listings. These listings are currently being amalgamated by a word processor. An afternoon workshop on interlibrary loans was the first of an anticipated series of continuing education sessions. Future workshop ideas include quality assurance, computers in libraries, collection development and reference work.

The life of the network, though bolstered by these meetings, is supported by the network information depot which distributes network news, acquisitions lists, duplicate journals lists, etc. More significantly, it is supported by the enthusiasm and friendship of its members.

For further information, please contact:

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KELLOGG REGIONAL SERVICES

Ann D. Manning

Health Sciences Librarian
W.K. Kellogg Library

It is probably safe to say that all of the sixteen Canadian medical school libraries share their resources to a greater or lesser degree with a clientele wider than their immediate faculty and students, but the Kellogg Library of Dalhousie University is unique in being attached to a medical school which serves three provinces. Because of this, and through its location in an area where many hospitals are without library service, the Kellogg has over the years gradually come to be relied upon by many practicing health professionals in the three Maritime Provinces.

The services to practitioners include the provision of photocopies, loans by mail of books and audio-visual material, Medline searches, and reference services. Frequently we are asked by telephone to provide two or three articles on a specified topic to aid a small town practitioner in patient care. Photocopy costs are recovered, and a

charge is levied to defray mailing costs on books and AV's sent to individuals, but loans to hospital libraries are still free of charge.

Occasionally we are invited by a library committee or hospital administrator to survey a hospital library and recommend a course of action to change and improve it. It is usually the Health Sciences Librarian who does this, and a charge is made to cover any expenses involved.

More frequently, out-of-town hospital library personnel request a visit to the Kellogg in order to become familiar with the staff and the methods of the library which they regard as their primary resource. These people are, as a rule, not trained librarians, and some are totally new to library work. They usually spend two days at the Kellogg, visiting each department in turn, and a third day at one of the three nearby teaching hospital libraries. The cooperation of the Halifax hospital librarians is invaluable in illustrating to neophytes the differences between academic and hospital libraries.

Our most recent venture into Kellogg-hospital cooperation is the establishment of a circuit rider librarian in the Annapolis valley of Nova Scotia. A meeting of interested Valley hospital administrators was arranged by the Health Sciences Librarian with the purpose of applying for a grant to fund a circuit rider in this area. As it transpired at the meeting, the administrators were enthusiastic enough about the idea to fund it themselves, providing the Kellogg would hire the librarian and provide continuity and backup for the position. We were fortunate in luring an experienced librarian from one of the Halifax teaching hospitals to fill the position, which involved four hospitals separated by a total distance of about 125 kilometers. The circuit rider is based near the largest hospital and drives to the Kellogg for a half day at two-week intervals. After a year of operation, the smallest hospital has dropped out, not from dissatisfaction with the service, but from lack of funds and space. Our circuit rider experience will be described in greater detail in a subsequent paper.

Since many Maritime health practitioners have been educated at Dalhousie, they are aware of our services. We occasionally have informational material published in local professional journals, and the continuing medical education courses sponsored by Dalhousie alert people to library services, but we do not mount any extensive advertising campaigns.

The extent to which we are recognized and used as a regional resource is, to some degree, a mixed blessing. Although we recover direct costs, i.e. data base charges, photocopy costs, and postage, no recovery is made for the costs of staff time. Both the Medical Society of Nova Scotia and the Provincial Medical Board contribute generously to the Library through endowment funds and our heaviest industrial user makes an annual contribution. On the other hand, from New Brunswick, which accounts for almost 30% of our interlibrary and regional loans we receive no funding. The New Brunswick Medical Society recognizes the Kellogg as a resource, since it pays up to \$100.00 for our services for each member per year, but it does not contribute any direct funding to the Library, nor does Prince Edward Island.

We may not receive what we consider adequate financial recompense for the extramural sharing of our resources but it does make the work more varied and interesting, and it is satisfying to have new graduates dropping in to see how they can use the Library now that their student card is invalid.

NETWORKING IN NEW BRUNSWICK? WE'RE ON OUR WAY

Ann Barrett

Health Sciences Librarian
Saint John Regional Hospital

These days when one hears the term "networks", grand schemes come to mind of extensive computerized systems reaching from coast to coast, realizing the ultimate in resource sharing! In fact, this may come to pass if the National Library of Canada is successful with its OSI (Open Systems Interconnection) project which will allow computers of all types to interact actively.(1)

However, in the day to day bustle and crisis of individual libraries, such events seem too remote to consider. This seems particularly true in the typical New Brunswick health science library, where "networking", at its most basic, is just beginning to take hold.

The National Library of Canada officially defines a network as:

"Two or more libraries engaging in resource sharing", (2)

and defines resource sharing as:

"Any activity to facilitate, promote, and enhance the use of resources. Resource sharing is generally directed towards increasing the quantity and/or quality of services provided, or workload processed, by means of a given set of resources."(2)

The development of health libraries, and in particular hospital libraries, has taken a unique tack in New Brunswick. This is basically due to the fact that health libraries in the province lack focus - there is no medical school with accompanying resources; N.B., P.E.I., and the Territories do not have medical schools. This central focus around which hospital and special health libraries tend to cluster as satellites for support - for resources, reference, technical services, or all of the above - does not exist in this province.

Logically, this fact should serve to bring isolated health libraries in the province together in support of one another. However, the reverse has occurred. Libraries looked beyond New Brunswick for support and over time made commitments and allegiances with external institutions.

Some libraries turned to major Quebec medical libraries, particularly so in the French speaking areas of N.B. and the northern regions. For the most part, health libraries found support and direction from Dalhousie University's, W.K. Kellogg Health Sciences Library. The Kellogg, recognizing the major needs of health professionals and health libraries in the Maritime Provinces, set up their Regional Loan Service. This service has been, and will without doubt continue to be, a life-line for libraries in N.B., P.E.I. and rural N.S.

This relationship cannot be termed networking. The flow of resources is completely one sided and has, in fact been somewhat detrimental to the province's health library system. New Brunswick health libraries have ignored almost entirely local resources in favour of those of Quebec and Nova Scotia. (How often have I heard Hospital

Administrators in the province utter the phrase "Well, what do they do at the Kellogg?") Fortunately, this trend, is beginning to reverse itself. Communication is increasing rapidly between health libraries in New Brunswick, and greater confidence is shown in our own resources and our own services.

The most significant expression of this confidence, has been the initiation and agreement to produce a Union List of Serials for New Brunswick Hospitals. Currently 7 hospitals are participating, and the final list should be available by the new year. Whether a participant is in the list or not, any library may request reprints from around the province free of charge. Individual health professionals may also use this service directly when no hospital library is nearby.

This project grew out of a simple, gradual exchange of journal holding lists, and in response to a demand for a faster response time for interlibrary loans. As yet a formal commitment to resource sharing has not actually been reached. New Brunswick health librarians are indeed on the eve of their first meeting of the whole! Greater interaction has quickly led to a move towards formalization which most likely will result in an association of health science librarians for the province, or as an integral part of the Nova Scotia Health Libraries Association. The main thrust of the soon to be held meeting, will be finding ways to share better our resources, and improve our services through formal and regular interaction. The possibilities of accessing University of New Brunswick automated catalogue (Phoenix), the potential of electronic mail for N.B. health libraries, the feasibility of UTLAS membership as a network, will all be explored as possible networking programs.

This is perhaps the most fortuitous time to plan a network. The capabilities of computers are quickly increasing, while the costs continue to fall. When the National Library sets up its national network, perhaps New Brunswick won't be left out in the cold.

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1. National Library of Canada. Linking: Today's Libraries, Tomorrow's Technologies, Ottawa: Supply and Services Canada, 1984. (Canadian Network Papers: No. 7.
 2. Duchesne, RM. Selected Canadian Library Network Terms, Ottawa: Supply and Services Canada, 1982. (Canadian Network Papers: No. 4.

THE HEALTH SCIENCES INFORMATION NETWORK IN NEWFOUNDLAND AND LABRADOR

Catherine A. Quinlan

Health Sciences Librarian
Memorial University of Newfoundland

This paper outlines the network of information services which are available to health care practitioners working in Newfoundland and Labrador. The response of the Health Sciences Library (H.S.L.) of Memorial University and the provincial hospital libraries to the requests for information received from regional users are outlined. The role that the Newfoundland and Labrador Health Libraries Association plays is also briefly discussed.

A network is defined as "a system of units, as, e.g. building, agencies, groups of persons, constituting a widely spread organization and having a common purpose".(1) In this respect, all health sciences libraries in Newfoundland and Labrador form one loosely knit organization which exists to provide the information required by regional health practitioners. The Health Sciences Library (H.S.L.) of Memorial University of Newfoundland acts as the focal point of this network.

The Health Sciences Library serves the Faculty of Medicine and School of Nursing of Memorial University of Newfoundland (MUN), the General Hospital School of Nursing, and also functions as the major resource centre for all health care practitioners in the Province. It has a collection of approximately 80,000 volumes, 2,000 audiovisual items and 1,700 current journal subscriptions. Certainly this is not a large collection from which to serve the more than 8,000 health care practitioners in the Province. However, more than 85% of the requests for information received by HSL from out-of-town users are satisfied without resort to Interlibrary loan.

These requests are filled in a number of ways. H.S.L. lends books and audiovisual materials directly to out-of-town borrowers rather than to the borrower through another library. The renewable loan is for an initial period of three weeks. Requests for photocopied journal articles are also filled. If material is requested which H.S.L. does not own, an interlibrary loan is initiated by H.S.L. after consultation with the would-be borrower. Computerized literature searches on a variety of databases and systems (e.g. Medlars, Dialog, Can/Ole) are initiated, either on request of the user, or when the responding librarian determines that a computer search would yield the necessary information in the most efficient and cost-effective manner. Like all academic libraries, H.S.L. is faced with increasing costs and a decreasing budget; completely free services to any of its users are no longer possible. Although the amounts charged by H.S.L. are nominal, they do help to defray some of the costs. Computer search charges are based on a partial cost recovery basis with an average Medline search being priced at approximately \$5.00. There is no charge for any materials (including photocopies) sent to regional requestors although they must pay any return postage.

In filling the requests from regional users, H.S.L. certainly does not work in a vacuum; the provincial hospital libraries also play an important role. There are nine hospital libraries in the province, only one of which is located in Labrador. These libraries perform an important primary function; for example, in many instances, they meet with the actual requestor and conduct the initial reference interview. Should

the hospital's collection be unable to provide the necessary information, H.S.L. is contacted, either by the librarian or by the actual requestor. No official training program per se is offered by H.S.L. for hospital library staff, but the latter are all aware of H.S.L.'s services and facilities. On occasion, library staff from regional hospitals will come to H.S.L. for a short time to familiarize themselves with the services available, to become acquainted with basic library procedures and to use the collection. Because of small budgets and a lack of space, hospital libraries can only provide a core collection for their users and are dependent on H.S.L. to meet their other needs.(2) The "training sessions" which are available at H.S.L. for hospital library staff are of benefit to H.S.L. as well as to the attendee. In order to make regional hospital library staff aware of what H.S.L. can do H.S.L. must be provided with certain information to provide various services, sets the groundwork for a smoother working relationship between the different nodes of the health sciences library network.

Unlike Nova Scotia, this province does not have a "circuit rider" librarian. In fact, there is only one hospital library outside of St. John's with a professional librarian on staff. Therefore, H.S.L.'s role becomes even more central in the provision of information to the regional health practitioner. The services available from H.S.L. are publicized, not only by word-of-mouth via the hospital librarian (as well as by satisfied users!), but also more formally by the Library itself. Occasionally, H.S.L. sends out bulk mailings of information sheets about available services to all provincial health practitioners. This material is also included in the information packages distributed to NUM Continuing Medical Education course participants.

The Newfoundland and Labrador Health Libraries Association (N.L.H.L.A.) provides a means whereby all provincial health library workers can meet to discuss their concerns, requirements and problems. This organization supports annual workshops on a topical theme (e.g. quality assurance in hospital, budgeting, acquisitions policies and procedures) which are of value to all library employees. The Association also serves to consolidate the network of health sciences resource centres in the province by emphasizing the common goal of all library workers: the dissemination of information to the regional health care practitioner wherever he/she may be located in the Province. N.L.H.L.A. encourages hospital librarians to stop regarding their collections as passive storehouses of information and to begin taking a more active role in supporting the information needs of their users.

In the literature, networks are regarded as vehicles whereby computer search training costs and search expertise can be shared within a small geographic area.(3) Although the full burden of online searching falls to H.S.L., the hospital librarians are more than willing to share their expertise. Communication with other Atlantic health sciences libraries is of utmost importance to an institution as geographically isolated as MUN. H.S.L. is linked via Envoy to other East Coast libraries, and through inter-library loan is able to draw on their resources to meet the needs of its user groups. Since the Province is so small, no formal networking organization has had to be established. Personnel at the various institutions recognize each other's voices (if not faces) and this familiarity has fostered a cooperative spirit among all health sciences centres in the province. However, as the costs of all library materials and services continue to rise, there is an increasing need to formalize the network. No health sciences library - academic or hospital - can hope to provide a self-contained, comprehensive collection in this environment of increasing restraint. N.L.H.L.A. plans to continue to play a unifying role within the network. Increasing use of electronic mail and telecommunication systems by many other health care institutions means that their libraries too will be able to have access to these services.(4)

Improved communication should result in a wider base for N.L.H.L.A. as it will no longer be as geographically tied to the St. John's area as is the case now. Increased

use of electronic mail should also improve service to all of the libraries' users. Although the network of health sciences libraries may become more formalized in the near future, this will not obviate the role that H.S.L. currently plays as provincial resource centre for the health sciences. Budget cuts will continue to be felt by all institutions and this will necessitate an increase in charges currently in place as well as the initiation of other fees-for-service. However, the provision of information to health care practitioners working outside of St. John's will continue to be an important part of the mandate of H.S.L., as well as of the hospital libraries located throughout the province.

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NEWS AND NOTES

"CLINICAL SYMPOSIA"

David Crawford has drawn to the Editors' attention the fact that the Ciba Pharmaceutical company publishes various "national editions" of the publication Clinical Symposia and asks whether BMC readers know that:

1. The Canadian "edition" published by Ciba Canada has not been publishing all possible issues and that there are thus more numbers available in the "US edition"?
2. It is the US edition which is indexed in Index Medicus and that the Canadian edition has different volume and issue numbers?
3. You can order the US "edition" from Ciba in New Jersey and can also order a bound compilation of previous year's issues.

Ciba's address is: Medical Education Division, Ciba Pharmaceutical Co., 14 Henderson Drive, West Caldwell, New Jersey 07006.

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NORTHERN OUTREACH LIBRARY SERVICE (NOLS)

Sylvia Katzer

**Coordinator, Northern Outreach Library Service
University of Western Ontario**

Introduction

The Northern Outreach Library Service, established in November of 1983, is one of eight Northern Outreach Programs (NOP) of the Health Sciences Faculties of the University of Western Ontario.

The main objective of the Program as a whole is to contribute to the development of health services in Northern Ontario as requested by and in collaboration with the District Health Councils and Ministry of Health. Another objective of the Program is to contribute to the development of such educational programs as may be required for health manpower development in Northern Ontario. All of the NOP Programs are financed by the Ontario Ministry of Health.

Since library facilities are not well developed in the health care institutions of Northern Ontario it is the primary objective of the Northern Outreach Library Service (NOLS) to assist allied health professionals, nurses, and physicians by making the resources of the Sciences Library at the University of Western Ontario available to them directly. The NOLS office is actually located in this library and is staffed by one full-time librarian and one full-time assistant/secretary.

In most small Northern hospitals, books and journals are scattered in many departments and offices and are mostly unorganized and unsupervised. Due to financial restrictions and administrative priorities, attempts to build local resources have not been very successful. A few larger Northern hospitals are fortunate to have library staff, and in these instances, the Northern Outreach Library Service attempts to provide a back-up for the existing service. Approximately half of all requests are received from the eight library contacts; there are five locations in the city of Thunder Bay, one in Timmins, one in Sudbury, and one in Sault Ste. Marie.

A full range of library services is available: on-line literature searches, photocopy service, "current awareness" packages of photocopied journal contents pages, Selective Dissemination of information services, quick reference, and referrals. In an average month the Service provides approximately 400 photocopied articles, 18 computer searches, 15 general reference questions, 35 book loans, and 25 audiovisual loans. Delivery is made by Priority Post. Library consultations are not a priority and in fact, very few requests have been made. The Program is sensitive to avoiding duplication or interference with other similar activities and programs.

NOLS will have completed its initial promotional efforts to the Northern Districts (North of the French River) by January 1986, by which time the Program's activities should be well established.

The sharing of these library resources has helped to develop a partnership between the University of Western Ontario and the Ministry of Health, and has benefited both health care professionals and the public in Northern Ontario.

WELLINGTON-DUFFERIN HEALTH LIBRARY NETWORK: AN EXERCISE IN COOPERATION

David Hull

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HISTORY AND BACKGROUND

In 1973, Mrs. Beatrix Robinow, then Health Sciences Librarian for McMaster Library, filed an application for an Ontario Health Resources Development Plan Demonstration Model Grant with the Ontario Department of Health, the title of which was Health Science Information Network - Wellington County. The primary objective of the proposal was "to demonstrate that with an improved library service organized in an information network, health workers in Wellington County will be able to receive relevant health information speedily and effectively." The network was to be organized in much the same manner as the successfully operating Hamilton-Wentworth district health library network which Mrs. Robinow initiated (1). Unfortunately this project was not approved by the Ontario Ministry of Health.

As part of the preliminary work for this application all health institutions in Wellington County, including the University of Guelph, had been contacted concerning their library holdings. In addition, the then Librarian of the Veterinary Science Division of the University of Guelph Library, Mrs. Dorothy Clarkson had made contact with both of the local Guelph hospital libraries concerning the availability of computer literature searches and of the health science library resources on the University campus. The seeds had been sown.

It was not until late 1979 that these seeds began to germinate. At that time a group of library "enthusiasts" from the two hospitals in Guelph realized the potential of a cooperative effort for city health organizations; this soon led to thoughts of a county-wide network.

Led by Glen Penwarden, Assistant Executive Director and Carol Van de Weerd, Medical Records Librarian, both of the Guelph General Hospital, meetings of representatives of potential network participants were called, and a Study Group was struck to write a formal report as to the feasibility of such a network in Wellington county. This group held five meetings, conducted a questionnaire survey, consulted with Mrs. Robinow, and visited the Hamilton-Wentworth District Health Library Network. It paid particular attention to two documents dealing with library service to health care institutions (2,3).

In April 1980 the Group presented its report (4). The founding members consisted of the Wellington county hospitals, Homewood Sanitarium, Conestoga College, University of Guelph, Wellington-Dufferin-Guelph Health Council, and Wellington-Dufferin-Guelph Public Health Unit. Consideration was to be given to extending service to other health related institutions in Wellington and Dufferin counties soon after establishment of the network. Mrs. Joy Weiss, the librarian of the Health Sciences Division of Conestoga College agreed to act as coordinator for the fledgling network. The first official meeting of the newly formed Wellington County Health Library Network took place on June 5, 1980 with Mrs. Weiss in the chair.

PRESENT ORGANIZATION AND STAFFING

Since its inception, the network has been based on volunteerism and cooperation, and as a result there is very little formal structure to the network. There is no paid coordinator or circuit librarian. Mrs. Weiss "runs" the network on a volunteer basis. This entails acting as the information node for the network, maintaining a union list of serials and a union card file of books, and calling network meetings, of which there are eight or nine per year. Each member of the network takes a turn at hosting a lunchtime meeting and providing a speaker or organizing a workshop. Most of the people in the network responsible for the information needs of their individual institutions have other primary responsibilities, e.g. medical records, secretarial duties, education duties, public relations. There are, in fact, only five people whose primary responsibility is "the library". Nevertheless through cooperative efforts, e.g. work parties, several libraries have been established and organized for members who otherwise would not have found the time to do so.

Several members have found the time to attend Ontario Medical Association sponsored workshops on aspects of medical libraries. Two members belong to the Canadian Health Libraries Association; the Bibliotheca Medica Canadiana is circulated amongst the members, as are relevant articles from the Bulletin of the Medical Library Association. There appears to be no lack of enthusiasm in the network, just major time constraints in developing information centres in all member institutions.

The following are some statistics taken from the Wellington County Health Library Network - Progress Report 1983/84:

- Books loaned between members - 460
- Photocopies supplied by members - 1097 (5832 pages)
- Pamphlets supplied by members - 132
- Reference questions answered - 145
- Online literature searches performed - 26

Three member organizations act as the primary source for much of this traffic, namely the Homewood Sanitarium with its psychiatry/psychology collection, Conestoga College with its nursing and allied health collection, and the University of Guelph with its medical collection.

PERIODICALS

One of the first tangible things accomplished by the group was the production of a union list of serials. This took over a year to compile in the first instance but turned out to be a truly cooperative effort. The member from the University of Guelph organized and compiled the holdings cards as they came in from member organizations, and the member from Homewood Sanitarium did the inputting and production of the list on a word processor in the Guelph General Hospital.

The Coordinator now maintains a master file that is updated regularly with new titles and holdings from members. This file presently contains 600 plus periodical titles. The network produced the third edition of its Union Serials List in 1984. The coordinator also receives, regularly, the complete microfiche serials lists of the University of Guelph which have proved useful for gaining access to periodicals in areas other than medicine.

BOOKS

The coordinator maintains a union card file of books held by network members except the University, which provides, the coordinator from time to time, with a microfiche main entry list of its holdings and regular accessions lists in the area of medicine. These lists, and the Conestoga (nursing) accessions list are circulated amongst the members. The card file is updated by members on a continuing basis.

INTER-LIBRARY LOAN

Within the network books are loaned free of charge. Loan is usually accomplished by a telephone call to the coordinator who relays the request to the member holding the item. If the item is not found in the system, the requestor is responsible for obtaining the item through normal ILL channels outside the network.

Photocopies of articles from journals, subject to copyright restrictions, are provided free of charge from all participating members, except the University which charges a flat rate of 10 cents per page.

ON-LINE LITERATURE SEARCHES

The University of Guelph Library makes its computer literature search services available to all network participants for the same rates as on-campus users, i.e. on a cost recovery basis.

DOCUMENT DELIVERY

A Public Health courier van stops on a daily basis at most of the Wellington County institutions in the network; arrangements have been made with this carrier to transport network mail. The member from the Wellington-Dufferin-Guelph Health Unit arranges for service to Dufferin County; another example of an efficient cooperative venture. For only two members does the network have to rely on Canada Post for document delivery.

ADVERTISING

Very early on in the existence of the network a pocket-size brochure listing the services of the network and the member organizations was developed and published. A copy was sent to all doctors, nurses, administrators, and other professional staff in network organizations. The network is now into the 5th revision of this brochure, all editions of which have been produced by the Wellington-Dufferin-Guelph Health Unit and the Homewood Sanitarium.

An annual report of the network is produced by the coordinator with input from all members. Copies of this document are given to the administrator of each of the member organizations.

MEMBERS

At present there are 15 member organizations in the network, two of whom are outside the Wellington-Dufferin area, namely Cambridge Memorial Hospital and St. Mary's Hospital, Kitchener. Within the Wellington-Dufferin geographical area members include Conestoga College, Health Sciences Division; Community Mental Health Clinic (Guelph); Dufferin Area Hospital, Orangeville; Groves Memorial Hospital (Fergus); Guelph General Hospital; Homewood Sanitarium of Guelph Ltd.; Louise Marshall Hospital (Mount Forest); Palmerston and District Hospital; St. Joseph's Hospital (Guelph); Victorian Order of Nurses;

Wellington-Dufferin District Health Council; Wellington-Dufferin-Guelph Health Unit; and the University of Guelph.

The network continues to thrive on the strength of the cooperative spirit that exists in the area, the demand from the user population, and the realization that the network still has a long way to go to fully meet its stated purpose.

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SHARED LIBRARY SERVICES: A PATH TO ACCESS, ACCREDITATION AND BEYOND

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The U.S. space shuttle program and the Shared Library Services program (S.L.S.) have something in common. They both create pathways to new discoveries as they search for, retrieve and distribute information about their own universes. Descriptive parallels can be made between this unique space program and S.L.S. which operates under the auspices of South Huron Hospital in Exeter, Ontario. Both programs launch and maintain satellite stations, retrieve information for participants and share knowledge with others. The shuttle missions are providing a new means of access to the knowledge of the universe while the library program creates an accessible pathway to library materials for all staff members in even the smallest community hospitals. Developing such pathways to knowledge has allowed both of these programs to provide their contributors with many benefits. For example, shuttle crews help companies and research firms by experimenting with and testing their newly developed technologies and techniques, while S.L.S. aims to assist individual hospitals in meeting the standards for library services set out by the Canadian Council on Hospital Accreditation. Describing how S.L.S. has carved out a path to access, accreditation and beyond for participating individual hospital libraries will reveal the level of success of this particular mission.

S.L.S. as it exists in its present format has been using South Huron Hospital as its headquarters since April, 1984. This "mission control" hospital, its administration and staff have offered the program their full support by providing office space, administrative skills, accounts payable services, marketing techniques, supplies and much appreciated peer advice.

The program's "universe" is currently composed of eight member hospitals covering three counties and ranging in size from forty-one to two hundred and four beds. Each participating hospital is essentially a satellite of the program as each contain its own in-house library which is maintained by an internally-appointed library liaison representative and by the Shared Services Librarian. The liaison role is currently being performed in each hospital by the administrator's secretary, the director of nursing, a health records supervisor or a quality assurance coordinator. The liaison representative's role involves receiving and distributing requested books, photocopies and audio-visual materials to all medical staff and other hospital personnel, and using designated request forms or the telephone to relay requests for users to the Shared Services Librarian. This person also performs clerical functions such as filing catalogue cards and processing overdue notices. The ordering, claiming and checking-in of journals is the responsibility of the liaison representative who also works with the Shared Services Librarian to promote the library service, and uses the hospital collection to fill information requests when possible. Training for this role is provided by the Shared Services Librarian. The liaison representatives are a vital communication link between "mission control" and the "satellites".

The Shared Services Librarian helps to maintain the satellites by ensuring that each institution has a core collection of current medical reference books. Inservice presentations are conducted by the librarian to instruct staff members on the use of

their own library and on the services offered by S.L.S. A well-attended inservice presentation usually results in a flood of information requests from staff members, evidence of the value of personal contact whenever possible.

The main purpose of S.L.S. is to make library materials more accessible to all staff members in these eight participating hospitals with the goal of improving patient care. Currently, the "shuttle" for S.L.S. is "manned" by only one full-time professional librarian. The program offers a wide range of services to expand the resource base of each hospital and to improve accessibility to medical information for all categories of health care workers. Requests for literature searches are filled at the base hospital since it houses a MEDLARS centre. Four of the member hospitals are regularly taking advantage of the current awareness service offered by the librarian. Requests for library materials that cannot be obtained locally are filled from locations across Canada through the Interlibrary loan service. Many of the books and photocopies are retrieved for the users in the program's resource library on a university campus. The resource library provides guest borrower status and photocopier key access privileges to the Shared Services Librarian. The creation of this pathway by S.L.S. has opened up access to the vast resources available in the university library system for hospital staff members who may live as far as 158 kilometres away. Once the librarian retrieves the information from the resource library, it is sent to the user via a two-way document delivery system which has been established among all member hospitals.

A visit to the resource library is made only if the material is not available within the holdings of the Shared Services hospitals. A union catalogue is housed at the program's headquarters and is maintained and consulted by the librarian. Sharing resources is encouraged among participating hospitals. In addition, each member hospital has author/title and subject card catalogues of its own holdings. New books are processed and catalogued before being sent to the purchasing hospital. Processing involves attaching an individualized call number code that identifies the appropriate hospital and the location within that institution where the book will be kept. Books are ordered through the librarian, often at a discount price. Individual hospitals order and receive their own journals, but binding services can be obtained through the program. Making staff members aware of the services provided by S.L.S., particularly the gateway to outside resources, is a key factor in determining the success of the program.

Achieving access to needed medical information both in-house and externally is a major step in meeting accreditation standards for the hospital library services department. The path to accreditation can be refined by other duties performed by the librarian. For example, the Librarian will assist with the formation of internal hospital library committees and will attend their meetings whenever possible. Library user statistics are recorded by both the librarian and the liaison representatives. Semi-annual meetings provide an opportunity for the librarian and all the liaison representatives to discuss ideas and resolve problems that might lead to new or improved services.

Costs of the program are shared among participating hospitals according to bed size and utilization of the services as revealed by past user statistics. This formula was developed as it was discovered that many of the smaller hospitals were using the various services to a greater degree than were the larger institutions. The extent of the program's success can be measured, in part, by individual library services departments becoming accredited, but there is much more for S.L.S. to achieve beyond accreditation. The concept of sharing makes it feasible for the member hospitals to have the services of a qualified professional librarian in keeping with accreditation requirements.

The first future goal for the program is to carve more pathways to institutions that currently do not offer adequate library services. It is hoped that more satellites can be launched and that our "universe" will expand to ensure that library services are accessible to all staff members working in small hospitals in our region. Participating in S.L.S. has proven to be a viable network in respect of reference and technical library services. The possibility of providing library services through a circuit rider who would visit all participating hospitals on a weekly basis has been discussed but transportation costs are prohibitive at this time. This concept may be incorporated into a telecommunications network in the future. With such technology, the librarian could regularly respond to information requests through "face-to-face contact" with users at member hospitals via a video screen. Inservice presentations could also be made through a telecommunications hook-up.

As new ways to provide access to library services are being carved, S.L.S. will continue its mission by fulfilling the specific individual library needs of each institution it serves. Achieving access to library materials for all health care personnel and fulfilling the library accreditation standards is the Shared Library Services Program's contribution to the goal of providing optimal patient care in its participating hospitals.

THE HAMILTON-WENTWORTH HEALTH LIBRARY NETWORK

Linda Panton

Network Coordinator
McMaster University

Health libraries in the Hamilton-Wentworth District have shared library resources for more than 15 years. The traffic in inter-library loans is the most obvious testament to the benefits and need for resource sharing. In 1984/85, libraries in our local group shared over 9,000 loans, meeting approximately 90% of user requests within 24-48 hours.(1) This is possible because of a twice daily delivery service among member institutions. The other 10% were requested from libraries outside the local group and required an average of two weeks to fill.

The Network Coordinator is the catalyst in this sharing process. The present Network consists of a faculty of health sciences library, six teaching hospitals, an Academy of Medicine, a cancer centre, a community college, a public health unit, a community health centre, the local District Health Council, and a home care/nursing agency.

The Hamilton District Health Council and McMaster University worked closely during the earlier years of the formation of the medical school. In 1967, the former Health Sciences Librarian, Beatrix Robinow, was asked to form a Library Committee of the Council with the aim of promoting library cooperation. In September 1968, the Committee recommended the appointment of a shared medical librarian and one assistant to help achieve this goal.(2) The Council sought and obtained approval from the Ontario Hospital Services Commission to fund the positions through the local hospitals.

McMaster University Health Sciences Library handles the financial details of running the network, and provides office space, equipment and supplies. The Coordinator reports to the Health Sciences Librarian and is a member of the Management Committee of the Health Sciences Library. The hospitals in the Network share the salary expenses according to a cost-sharing formula approved by the Hamilton-Wentworth District Health Council. Charges for photocopies, inter-library loans from outside the District, and computer searches processed by the Network Office are billed to members bimonthly. Furthermore, to support the services offered by the Network Office, additional funding has been requested from several health agencies who use the services but had previously not been asked to contribute to staffing costs. A Network annual report is prepared for the members and the Council.

In 1972, a union list of serials was converted to a computerized format. A coding system based on the Union Catalog of Medical Periodicals (New York) was used. Lists are printed twice a year with cumulative supplements at intervals of six weeks. The list is printed in microfiche as well as hard copy.

The Network Office started a union catalogue of books in 1971. It is a main entry card file. Each participating member of the Network is responsible for submitting entries and the central file is kept in the Network Office. Beginning in 1978, ISBN numbers were added to the cards in anticipation of a future online database. For an online file to be feasible, each contributing member would need a computer terminal to input, transmit, and receive information. Currently, most Network members subscribe to the microfiche catalogue of the McMaster Health Sciences Library, and call the

Network Office to obtain other local locations for books. Printed audiovisual catalogues of the McMaster University Health Sciences Library's holdings are available in each participating library.

The Coordinator conducts computer literature searches for Network Libraries. Larger teaching hospitals have been encouraged to become MEDLINE Centres. If some members do start processing searches in-house, it should decrease the number of searches run by the Network Office. The Hamilton Regional Cancer Centre has just become a Centre, and Chedoke Division Library of Chedoke-McMaster Hospitals has applied to become a Centre. The initial experience suggests that time spent in doing searches will be transferred to training new online searchers. In the first months, new Centres will require support and assistance in using the system, and will look to the nearest resource library to provide this back-up.

Central processing of inter-library loans from outside the District is a valuable service to members. Smaller libraries are often not equipped with the verification sources needed to complete standard ILL forms. Submitting the loans to the resource library does several things: it eliminates unverified requests, gives locations for those titles not in standard locator lists so that requests can go directly to the holding library, and also makes use of such services as UTLAS, IUTS (Interuniversity Transit System) and electronic mail. Were smaller libraries to acquire microcomputers they could request ILL's directly and use the resource library for help with verification and locations.

The Network has not pursued centralized ordering and cataloguing of library materials. Moreover, little is to be gained by bulk purchases since extra staff would be needed in the Network Office to process the orders. Since health library users frequently want the most current texts, central processing could result in a bottleneck at the central location.

Other services provided by the Network Office include consultation on library planning, budgeting, staffing, cataloguing, policies, and collection evaluation. In recent years, two members have asked for assistance in planning new libraries.

Another role of the Coordinator is to organize continuing education activities. Workshops on quality assurance, reference, and policy and procedure manuals were held in 1984/85. Presentations by speakers at Network Library Committee meetings updated members on the current information needs of those working in subject areas such as medical ethics, care of the elderly, and infection control.

Current Projects

A project to study the use of electronic messaging systems to transmit requests and messages between Network Libraries and McMaster University was started in May of this year. The project is being carried out with the assistance of a librarian who is currently a student in the Masters of Computer Sciences Program at McMaster.

Another cooperative project involved the Vocational Assessment Program at one of the local hospitals. Patients in the Program made re-usable canvas mailbags for use by Network Libraries in sending library materials. The Health Sciences Library at McMaster paid for the cost of the supplies needed to make the bags. Easier packaging saves staff time, and stationery supply costs will be reduced.

In conclusion, the Network continues to facilitate access to literature to those involved in patient care, health care administration, education and research at local

health care institutions and agencies. Strong professional support and access to a large resource library are important to the Network contributors. Sharing resources with other smaller libraries also provides cost-effective access to health information. In the Hamilton-Wentworth Health Library Network about 60% of the total materials requested through Network Libraries is supplied by McMaster University; the other 40% is provided by sharing among the smaller libraries. Together, we can solve problems and help each other provide better library services at a reasonable cost.

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COOPERATIVE LIBRARY SERVICES KINGSTON REGION

Jane Law
Kingston General Hospital

Libraries in the Kingston area have been working cooperatively for some time and in 1984. In attempting to optimize the use of physical and human resources in the region, all hospital, medical and health science libraries are encouraged to participate in the group's activities. Aside from the hospitals, the universities, community colleges and even a representative from the Kingston Public Library's (K.P.L.) community health information service "Infohealth" are involved.

The Infohealth service itself arose from a project grant awarded to the Kingston Public Library in 1984 to provide information to the public on consumer health topics. To provide access to local resources, a union list of approximately 600 titles was compiled from the holdings of the K.P.L., Queen's Bracken Library and the four local hospital libraries. Additional titles will also be purchased with the project's remaining funds. To date, reports from the K.P.L. show that the service is being well received within the community.

A particularly useful regional tool is the Title Guide to Serials.^{*} Originally compiled in 1981, annual updates are submitted by nine participating libraries for production and printing by the St. Lawrence College Kingston Library. The following list of contributors shows the range of libraries involved, and further expansion is a possibility.

Hotel Dieu Hospital - Kingston
Kingston General Hospital
Kingston Psychiatric Hospital
Kingston Public Library
Ontario Cancer Foundation Clinic - Kingston
Queen's University - Bracken
St. Mary's on the Lake Hospital
St. Lawrence College - Brockville
St. Lawrence College - Kingston

Almost functioning in conjunction with the serials guide, is the provision of complimentary photocopying among the group's participants. This courtesy is greatly appreciated and serves to reduce the administrative and accounting burden associated with interlibrary loans. Certainly for larger libraries with extensive resources and a high volume of interlibrary loans this is neither practical nor possible; however, for small libraries, the mutual fulfillment of occasional requests "gratis" is a benefit for all.

* Title Guide to Serials, August 1985. Available through: Library, St. Lawrence College, King W. & Portsmouth Ave., Kingston, Ontario (613) 544-5400 ext. 163
Price: \$50.00

The provision of computerized literature searches for the area's medical and health professionals is on the rise. Aside from Queen's University Bracken Library and the Hotel Dieu Hospital Library (H.D.H.), both Saint Mary's on the Lake (S.M.O.L.) and the Kingston General Hospital (K.G.H.) libraries will begin offering the service this fall. As a result, plans for the formation of a local MEDLARS User Group are in the works. It is hoped that through the sharing of on-line experiences group members will sharpen and refine their strategies and skills in utilizing the MEDLARS systems to its full advantage.

With microcomputers becoming increasingly prevalent, there are concerns within the region regarding the capability and the compatibility of such equipment. More and more libraries are feeling the pinch of budget constraints and must rely on mutual sharing of resources and services and the streamlining and reduction of clerical procedures - all prime targets for microcomputer applications. Micros offer possibilities for a variety of networking and communications arrangements, as well as cooperative regional projects, and the ease at which these can be accomplished is directly proportional to the level of computer compatibility. Recently, the S.M.O.L., K.G.H. and Bracken libraries have all purchased Zenith-150 microcomputers, which are highly compatible with IBM Personal Computers. We are just beginning to explore the many uses of our equipment and hope to promote some degree of compatibility as the regional micro population expands. The cooperative efforts carried on to date are only the beginning, a starting point from which we hope to develop more extensive awareness, use and support of our regional resources.

* * * * *

BRACKEN LIBRARY, QUEEN'S UNIVERSITY

Gwen Wright
Health Sciences Librarian

The Bracken Library, Queen's University, serves as the resource library for the four teaching hospitals in Kingston: Kingston General Hospital, Hotel Dieu Hospital, Kingston Psychiatric Hospital, and St. Mary's of the Lake Hospital. The latter is a chronic care institution with emphasis on rehabilitation.

Any health professional in Kingston and its surrounding area has access to the full range of services provided by the library: borrowing of materials, reference services, interlibrary loans, and on-line information retrieval. A small fee is charged for a borrower's card, and the same charges for interlibrary loan and on-line information retrieval apply to external users and internal users.

The Bracken Library has no formal outreach programme. It does provide both traditional and computer-assisted reference service on demand to hospitals in southeastern Ontario, as well as interlibrary loans. Extended loans are given to Queen's University health professionals who go from Kingston to the hospital at Moose Factory on James Bay for extended periods of time.

LIBRARY SERVICES OF THE ONTARIO MEDICAL ASSOCIATION

Jan Greenwood
Consulting Librarian

Introduction

The O.M.A. first established a Committee on Medical Library Services in 1965 and, in 1968, hired its first full-time librarian. Since then the mandate of the position has been twofold: to provide consulting services to Ontario hospitals on matters of library administration and to provide information services to the O.M.A.'s staff, Board, Executive, Committees, Sections and (17,000) members. Hospital and other health institutions throughout Ontario may call upon the services of the Consulting Librarian provided only that they have on staff a member of the O.M.A. who is supportive of the consultancy. Requests for consultations must be received in writing and have the blessing of a senior hospital administrator and/or the head of the library committee. To date hospitals have been charged only those expenses that are engendered by an overnight stay.

Internal Information Services

Within the Association, the O.M.A. Library functions more as an information centre or broker than a traditional library and the staff of three relies heavily upon the resources of other libraries within the health community to answer internal reference questions. It needs to be stressed that the collection of the O.M.A. Library is not clinical in nature. It focuses, instead, upon health and medical economics, particularly practice management, health legislation, health insurance and, increasingly, medical ethics. The collection - comprising currently only 1500 monographs and 150 journals - was recently severely weeded and a revitalization and expansion program is now underway. In addition to books and journals, extensive report and pamphlet files are maintained, as well as an index on subjects of current interest to O.M.A. staff and committees. Another major service is a database of health and medical meetings which may be accessed by topic, place, and date. The Library is responsible for indexing the Association's publication, Ontario Medical Review, and other internal documents, and for compiling regularly bibliographies that reflect Association interests, e.g. Medical Office Management: A Selective Bibliography which is an annual publication.

The O.M.A. Library also expends considerable energy on providing ready reference information to the general public.

Consulting Services

The primary goal of the O.M.A.'s Consulting Librarian has, traditionally, been to establish and improve library services in hospitals throughout Ontario, thereby providing a focal point for continuing education within those institutions. The vigorous promotion of professional development activities and hospital accreditation have, together, in a hospital community comprising more than 300 institutions, combined to put immense pressure upon the O.M.A.'s Library Services. In an effort to cope effectively with the demand three broad objectives have been set:

1. To alert hospital administrators to the potentially vital role in hospital affairs that can and should be played by health sciences libraries.
2. To assist hospital library committees in the planning and maintenance of health sciences libraries.
3. To upgrade the quality of library staff in Ontario hospitals.

Three mechanisms are regularly employed to meet these objectives:

1. On-site assessments and recommendations, always followed by a written report.
2. Development of documents such as terms of reference for hospital library committees, tailored core lists of recommended materials and policy/procedure manuals.
3. Group workshops and individual seminars for library staff.

Consulting reports vary enormously in their complexity depending, naturally, upon the advice requested. Requests for consultations are usually prompted either by the spectre of an imminent accreditation team, or follow on the wake of the same. In these cases what is most frequently required is an assessment of the existing services - with reference to established standards - and advice as to how these might be improved. The educational component of these reports is significant in hospitals where services are minimal and there is nobody on staff who has either training or experience in library administration. It is deemed important that administrators should appreciate just what they get for their money, and that an unsupervised collection of materials should not, under any circumstances, be equated with a library. Indeed the decision is often made to put key hospital staff members in touch with outside resources and services rather than to attempt to upgrade internal facilities.

The O.M.A. is willing, of course, to assist the small hospital for which library services are not economically viable in developing a reference collection. Hospital administrators or other appropriate staff members are helped in their selection of materials by specially tailored core lists and with advice on the acquisitions process. Much of the Consulting Librarian's work is carried out by correspondence and telephone. Other tasks carried out by the O.M.A.'s Consulting Librarian on behalf of hospitals include:

1. Assistance in drafting proposals to obtain funding for the establishment or improvement of library services.
2. Development of short and/or long term plans for the implementation of library services.
3. Drafting of outlines for policies and procedures manuals tailored to individual hospital needs.
4. Recommendations for forming library committees.
5. Assistance and advice to site managers, administrators or architects on physical planning for new or expanding library facilities.
6. Assistance in the hiring and/or training of library staff.

Since the quality of library staff would appear to be a prerequisite for good library services the O.M.A. has been generous in its support of CE workshops and seminars in the field of librarianship. For many years it cosponsored, with the Registered Nurses Association of Ontario and the Ontario Hospital Association, an annual workshop for health library staff in Ontario. Since 1980 the O.M.A. has been the sole sponsor of a biennial workshop and has supported to a significant degree the Consulting Librarian's involvement in many workshops, conferences and seminars offered by other organizations.

Revision of O.M.A. Manual

As many BMC readers will be aware, the O.M.A. has published two editions of a manual intended to assist the staff of small health care (particularly hospital) libraries. At this time the second edition is very close to being out of print and there is reluctance on the part of the Librarian to re-issue it without considerable revision; BMC readers are invited to forward any comments, criticisms or suggestions that would be helpful to the publication of a third edition.

* * * * *

B.C. NEWS

Judy Neill

Medical Library Service
College of Physicians & Surgeons of B.C.

HLABC is pleased to announce (at last!) that its Union List of Serials in Health Libraries in British Columbia is available as of September 1985. The document is being distributed free to participating libraries. Non-participants wishing to purchase the 106 page union list may do so by sending \$15.00 to:

Mrs. Adrienne Clark,
President, Health Libraries Association of B.C.
c/o B.C. Medical Library Service,
1807 West 10th Ave.,
Vancouver, B.C. V6J 2A9
(604) 733-6671

Our membership is looking forward to its October meeting at the new Cancer Control Agency of B.C. The guest speaker will be Dr. J.M. Connors of the Division of Medical Oncology, CCABC, speaking on "Unproven Methods of Cancer Treatment". An informal tour of the new library facility will follow.

Speaking of CCABC, the library has added a new librarian to its staff. Marjorie Nelles joined the library on a part-time basis in April 1985. Another new position was recently filled at the VGH/UBC Eye Care Centre at Vancouver General Hospital by Ann Moir, a 1983 graduate of the UBC School of Librarianship.

HLABC welcomes these newcomers to the health library community here in B.C.

CORE LISTS HELD AT HSRC/LES LISTES DE BASE CONSERVEES AU CBSS

HSRC/CBSS attempts to maintain a comprehensive collection of core lists for health libraries and invites BMC readers to assist in this endeavour by submitting any new or revised editions as they are published

Adams AH, Callaghan JC. Suggested list of books and journals for chiropractic. The Journal of the CCA 1984; 28(2): 265-271.

Brandon AN, Hill DR. Selected list of books and journals for the small medical library. Bull Med Libr Assoc 1985 Apr; 73(2): 176-205.

Brandon AN, Hill DR. Selected list of books and journals in allied health sciences. Bull Med Libr Assoc 1984 Oct; 72(4): 373-391.

Brandon AN, Hill DR. Selected list of nursing books and journals. Nursing Outlook 1984 Mar/Apr; 32(2): 92-101.

Canadian Hospital Association. The health administrator's library; comprehensive bibliography of the materials available in the Canadian Hospital Association Library. Ottawa: Canadian Hospital Association, 1980. 144 pp.

Canadian Hospital Association. The health administrator's library. 1st supp. Ottawa: Canadian Hospital Association, 1979. 110 pp.

Canadian Nurses Association, Helen K. Mussallem Library. List of Canadian periodicals in nursing. Ottawa: Canadian Nurses Association, 1982. 6 pp.

Canadian Nurses Association, Helen K. Mussallem Library. Suggested list of nursing periodicals for the Canadian health science library. Ottawa: Canadian Nurses Association, 1982. 8 pp.

Fitzgerald D, Corbett D, Weston WW. Basic library list for family medical centres and small hospitals. Can Fam Physician 1982; 28: 1305-1312.

Fraser CW, Hyde E. Recent and recommended medical books. A selective list for hospital library. Vancouver: B.C. Medical Library Service, 1985. 27 pp.

Gleisner DS. Pharmacy Reference Sources: A bibliography with annotations. RSR Reference Services Review 1981 Oct/Dec; 9(4): 37-49.

Hamilton GC, Epstein FB, Jagger J, et al. A New Library for Emergency Medicine. Annals of Emergency Medicine 1983 November; 12(11): 687-696.

Interagency Council on Library Resources for Nursing. Reference sources for nursing. Nursing Outlook 1982 June; 30(6): 363-367.

Kirchner AK. Selection guides for small hospital libraries. Bibliotheca Medica Canadiana 1984; 5(5): 150-162.

Kronenfeld MR, Watson JE, Kronenfeld JJ. A journal core list for health administration libraries. Medical Reference Services Quarterly 1984 Summer; 3(2): 17-29.

Kronenfeld MR. A recommended core book list for public health libraries. Medical Reference Services Quarterly 1985 Summer; 4(2): 39-52.

Lewis CS. A library for internists V. Annals of Internal Medicine 1985 Mar; 102(3): 423-37.

Manitoba Health Libraries Association. Selected books and journals for Manitoba health care facilities. Winnipeg: Manitoba Health Libraries Association, 1981. 48 pp.

Meranze J, Wollman H. Selected list of books and journals for an anesthesia library. Anesthesiology 1985 June; 62(2): 781-85.

Ontario Medical Association. Suggested list of medical books and journals. Toronto: Ontario Medical Association, 1982. 119 pp. (Publication suspended).

Ontario Medical Association. Supplement one: health sciences books and journals. Toronto: Ontario Medical Association, 1982. 82 pp. (Publication suspended).

Ontario Medical Association Library. Medical office management; a selective bibliography. Toronto: Ontario Medical Association, 1985. 36 pp.

Ontario Medical Association Library. Practice management; a selective bibliography. Toronto: Ontario Medical Association Library, 1981. 24 pp.

Pollett Miriam. The nursing reference shelf: a survey. RSR Reference Services Review 1981 Oct/Dec; 9(4): 21-26.

Snow Bonnie. Biomedical information specialist. Online Database Coverage of Pharmaceutical Journals. Database 1984 February; 7(1): 12-23.

University of Saskatchewan, Continuing Medical Education. Additional hospital library recommendations. Saskatoon: University of Saskatchewan, 1981.

University of Saskatchewan, Continuing Medical Education. Community hospital library recommendations. Saskatoon: University of Saskatchewan, 1981.

University of Saskatchewan, Continuing Medical Education. Guide for developing a basic core library for physicians in Saskatchewan. Saskatoon: University of Saskatchewan, 1981.

Webster JG. A Biomedical engineer's library. Journal of Clinical Engineering; 1982 January-March; 7(1): 67-72.

Weston WW. Recommended reading for the family doctor. 1981 June.

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Marilyn E. Schafer
Health Science Resource Centre

The Canadian Index of Scientific Translations began in 1948 as a result of a 1946 commonwealth-wide scientific conference at which duplication of effort and means of avoiding it were discussed. As the National Research Council of Canada's (N.R.C.C.) contribution, the Canadian Index was set up. For over twenty years card files were maintained and new entries traded among the participating nations. The arrangement eventually fell apart as it became too costly for many to support.

The Index, as it is known, re-negotiated exchange agreements in the 1970's and Canada now has separate exchange arrangements with the largest translation-producing countries. Translations prepared in the United Kingdom are referred to us regularly by the British Library Lending Division. United States translations are listed in the Translations Register-Index (National Translation Center). World Transindex (jointly published by International Translations Centre and Centre National de la Recherche Scientifique) provides coverage of European translations.

Canadian organizations are invited, not only to check with the Index before arranging for translation of material, but also to report and store completed translations with CISTI.

All translations prepared in Canada, if reported to CISTI, are automatically reported to the National Translations Center, John Crerar Library, Chicago, for listing in the Translations Register-Index; to the International Translation Centre, Delft, Netherlands, for listing in World Transindex; and to the British Library Lending Division (B.L.L.D.) in the United Kingdom.

All of the Canadian Translation of Fisheries and Aquatic Sciences series, most of the Canadian Wildlife Service series (Environment Canada), many of the Geological Survey of Canada series (Energy, Mines and Resources Canada), and numerous other translations are stored with CISTI for distribution. These copies are non-circulating but are available through photocopy reproduction.

In September 1982, the Index switched to using MINISIS for building a database of translations. Rather than catalogue cards, laser-printed computer generated listings are sent to exchange partners. Each item input to the database gets full bibliographic description including where the translation is available, but no keywords. Title keyword search only is available on the 43,000 records in the database to date. Note that the card backfile comprises more than half a million records and, as is the way of card catalogues, is only accessible by the name of the first author.

Canadian translations are reported to the Index, and then by the Index at the rate of 1200 per year, and cards received from B.L.L.D. are also entered into the database at a rate of about 7000 items per year. These last are given lower priority for entry into the online file as they are reported in World Transindex as well.

CISTI also maintains a large selection of cover-to-cover and selected article translated versions of foreign language periodicals. Consult CISTI's Circulation section (993-1600), or ask the Reference section of a local university or public library whether CISTI holds a translation version of the foreign language journal you seek.

The Translation Bureau, Secretary of State, requires that all government departments or agencies requesting translations check first with the Canadian Index of Scientific Translations to avoid duplication. The Index will advise the requesting department if there is already a translation in existence or in process.

The Index receives requests, not only from Canadians, but also from people all around the world who are looking for translations of documents and reports. The success rate for finding translations is 1 in 4 or 5, or 20-25%. Last fiscal year the Index searched for 7,483 items and found 1,657 translations, and input 5,489 records on-line. And all this with only two full-time staff!

When requesting information or copies, please include the following details:

- Journal or publication title (in transliterated form if original text is in the Cyrillic alphabet, Chinese or Japanese)
- Volume, issue, year
- Pagination
- Author(s) or editor
- Title or article
- Source of reference

For further information write or phone:

Canadian Index of Scientific Translations
 Canada Institute for Scientific and Technical Information
 National Research Council Canada
 Ottawa, Canada
 K1A 0S2
 Telephone: (613) 993-3372
 Envoy 100: CISTI-TRANS

* * * * *

UN MESSAGE DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ

Marilyn E. Schafer
 Centre bibliographique des sciences de la santé

Le Répertoire canadien des traductions scientifiques a vu le jour en 1948 après qu'une conférence scientifique tenue en 1946 et auquel participaient les pays du Commonwealth ait examinée les moyens d'éviter le dédoublement des tâches. La contribution du Conseil national de recherches du Canada consista à mettre sur pied le Répertoire. Pendant plus de vingt ans des fichiers de cartes furent conservés et les nouvelles entrées échangées entre les pays participants. Cette façon de procéder fut abandonnée à mesure qu'elle devenait trop coûteuse pour certains pays.

Au cours des années soixante dix, le Répertoire négocia à nouveau des ententes qui permettent maintenant au Canada d'avoir des modalités séparées d'échange avec les pays où le volume de traduction est important. Les traductions effectuées au Royaume-Uni

sont signalées au Répertoire par la British Library Lending Division (B.L.L.D.), celles faites aux États-Unis apparaissent dans le Translations Register-Index (National Translation Center) alors que les documents traduits dans les pays d'Europe sont recensés par le World Transindex (publié conjointement par le Centre national des traductions et le Centre national de la recherche scientifique).

Les organismes canadiens sont priés non seulement de consulter le Répertoire avant de commander la traduction d'un document mais également de signaler et de déposer leurs traductions à l'ICIST.

Toutes les traductions effectuées au Canada et répertoriées à l'ICIST sont automatiquement signalées au National Translations Center de la John Crerar Library à Chicago afin d'être recensées dans le Translations Register-Index; au Centre international des traductions à Delft aux Pays-Bas qui les verse au World Transindex et également à la British Lending Library au Royaume-Uni.

Toutes les traductions de la série Traduction canadienne des sciences halieutiques et aquatiques (Pêches et Océans) et la plupart de celles du Service canadien de la faune (Environnement Canada) et de la Commission géologique du Canada (Énergie, Mines et Ressources) ainsi qu'un grand nombre d'autres traductions sont déposées à l'ICIST à des fins de diffusion. Ces documents ne circulent pas mais sont offerts sous forme de photocopies. Au mois de septembre 1982, le Répertoire s'est converti au système MINISIS afin de mettre sur pied une base de données des traductions. En remplacement des fiches, des listes produites par ordinateurs et imprimées au laser sont envoyées aux organismes qui participent aux échanges. Chacune des entrées comprend des renseignements bibliographiques complets y compris l'endroit où il est possible d'obtenir le document mais n'incluent pas de mots-clés. Une recherche par les mots-clés du titre n'est possible que pour les 43 000 notices versées à ce jour dans la base de données. Il est à remarquer que le fichier rétrospectif renferme plus d'un demi million de références classées, à l'exemple des catalogues sur fiches, par ordre alphabétique du nom du premier auteur.

Les traductions effectuées au Canada sont portées au Répertoire qui les signale à un rythme de 1200 par année. Les quelque 7000 fiches envoyées chaque année par la B.L.L.D. sont également versées dans la base de données. Ces dernières n'ont toutefois pas la priorité étant donné qu'elles apparaissent également dans le World Transindex.

L'ICIST conserve également une importante collection de traductions intégrales de revues étrangères de même que la traduction de certains articles. Le Service du prêt de l'ICIST (993-1600) ou encore le service de référence d'une bibliothèque universitaire ou publique sont en mesure de vous indiquer si l'ICIST conserve la traduction de la revue étrangère qui vous intéresse.

Le Répertoire n'est pas uniquement au service des Canadiens; il reçoit également les demandes de tous ceux qui, à travers le monde, veulent retracer la traduction d'un document ou d'un rapport. Le Répertoire parvient à localiser environ une traduction pour quatre ou cinq demandes qui lui sont adressées, soit un taux de réussite de 20 à 25 pour 100. Au cours du dernier exercice financier, le Répertoire a effectué des recherches pour 7483 documents, réussi à localiser 1657 traductions et introduit 5489 notices dans le fichier à interrogation en direct. Tout ce travail a été accompli avec seulement deux employés à plein temps!

En soumettant votre demande de renseignements ou de documents, veuillez indiquer:

- le titre de la revue ou de la publication (translittéré dans le cas des documents en caractères cyrilliques, en chinois ou en japonais)

- le volume, le numéro et l'année
- la pagination
- le nom de l'auteur ou des auteurs ou celui du directeur de la publication
- le titre de l'article
- la source de référence

Pour de plus amples renseignements, veuillez vous adresser au:

Répertoire canadien des traductions scientifiques
 Institut canadien de l'information scientifique et technique
 Conseil national de recherches Canada
 Ottawa, Canada
 K1A 0S2
 No de téléphone: (613) 993-3372
 ENVOY 100: CISTI-TRANS

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UPCOMING MEETINGS

1986 CHLA/ABSC ANNUAL MEETING

The 1986 CHLA/ABSC Annual Meeting is honoured to have as its keynote speaker Dr. Margaret A. Somerville whose topic will be:

In search of excellence in health care: legal and ethical imperatives - impediments and safeguards

Dr. Somerville obtained her A.V.A. in Adelaide, her L.L.B. from Sydney and a D.C.L. from McGill. She holds professorships at McGill in both the Faculty of Medicine and the Faculty of Law, is a Medical Scientist at the Royal Victoria Hospital, a Consultant to the Federal Law Reform Commission of Canada, and a reviewer for C.M.A.J.

* * * * *

37th INSTITUTE ON HOSPITAL AND COMMUNITY PSYCHIATRY

From October 13-17 the above institute will be held for the first time in Canada at the Notre-Dame Hospital in Montreal. For further information contact Ms. Sandra M. Hass, Institute Coordinator American Psychiatric Association, 1400 K St., N.W., Washington, D.C. 20005, U.S.A. (Tel. 202-682-6174).

* * * * *

LE GROUPE D'INTERET DES BIBLIOTHEQUES DE LA SANTÉ DE L'ASTED

Louise Deschamps
 President

Une autre année tire déjà à sa fin. Les membres du comité exécutif des bibliothèques de la santé de l'Astéd sont heureux de vous faire part des activités et des événements qui ont eu lieu depuis le début de leur mandat en novembre 1984.

1. En décembre 1984, envoi à tous les membres, du compte-rendu des activités organisées par le groupe d'intérêt des bibliothèques de la santé lors du congrès 1984.
2. Correspondance avec l'INSERM, France, pour la traduction française du MeSH. Dès que nous aurons une réponse définitive, nous vous le ferons savoir.
3. Entretien des liens avec les différents réseaux de bibliothèques de la santé du Québec.
4. Le 10 mai 1985, journée d'étude sur l'informatisation de la bibliothèque médicale. Soixante (60) personnes y ont assisté.
5. En juin 1985, envoi à tous les membres, d'une lettre leur expliquant les services offerts par l'Institut canadien de l'information scientifique et technique à Ottawa.

La dernière activité n'a pas encore eu lieu; elle se tiendra du 24 octobre 1985 au 27 octobre 1985 lors du congrès annuel de l'Astéd, dont le thème général est, cette année: AUTOMATISATION: SERVICE, RESEAU, MICRO.

Permettez-moi donc de vous donner un aperçu des activités qui auront lieu lors de ce congrès et qui seront organisées par la section des BIBLIOTHEQUES DE LA SANTE.

Ces activités auront principalement lieu le vendredi 25 octobre 1985 durant l'après-midi:

- Dîner-recontre informel
- 1ère partie: - le système expert: ce qu'il est, les différentes sortes, son avenir.
 - conférencier invité: le docteur Robert Perreault
 Institut de recherches cliniques de Montréal
 - Identification des rôles non traditionnels du spécialiste de la documentation.
- 2e partie: - Courte assemblée générale
 - Télidon et télé-santé conférencier invité:
 monsieur Louis-Luc Lecompte
 Hôpital Ste-Justine

Nous vous attendons en grand nombre à ce congrès; votre participation est importante car les thèmes étudiés vous feront découvrir de nouvelles possibilités pour votre centre de documentation.

PRESENTATION DES ATELIERS DU GROUPE D'INTERET DES BIBLIOTHEQUES DE LA SANTÉ

L'informatique a déjà touché de vastes secteurs de la médecine avec la tomographie axiale, les tests de laboratoire automatiques et les recherches bibliographiques informatisées. Ce n'est pas fini. On développe à l'heure actuelle des logiciels qui aideront le médecin à préciser son diagnostic et à choisir la thérapeutique appropriée. Les programmes les plus simples, à l'aide des réponses obtenues à leurs questions, peuvent établir un diagnostic différentiel, recommander les analyses utiles, soumettre un éventail de choix thérapeutiques et indiquer les textes-clés sur le sujet. Les systèmes experts les plus évolués, en plus d'utiliser les connaissances de spécialistes chevronnés et des calculs statistiques complexes, expliqueront leur démarche et justifieront leurs propositions, ce qui en fera des instruments d'enseignement de choix. Ils "apprendront" à raffiner leur diagnostic et les traitements proposés grâce au "feedback" qu'on leur donnera.

Une autre façon non traditionnelle pour les bibliothèques de fournir de l'information au personnel médical, c'est le réseau Télidon-Santé, qui affiche à l'écran plusieurs modules d'enseignement et donne les dernières nouvelles sur les activités scientifiques et la vie des établissements dans la région de Montréal.

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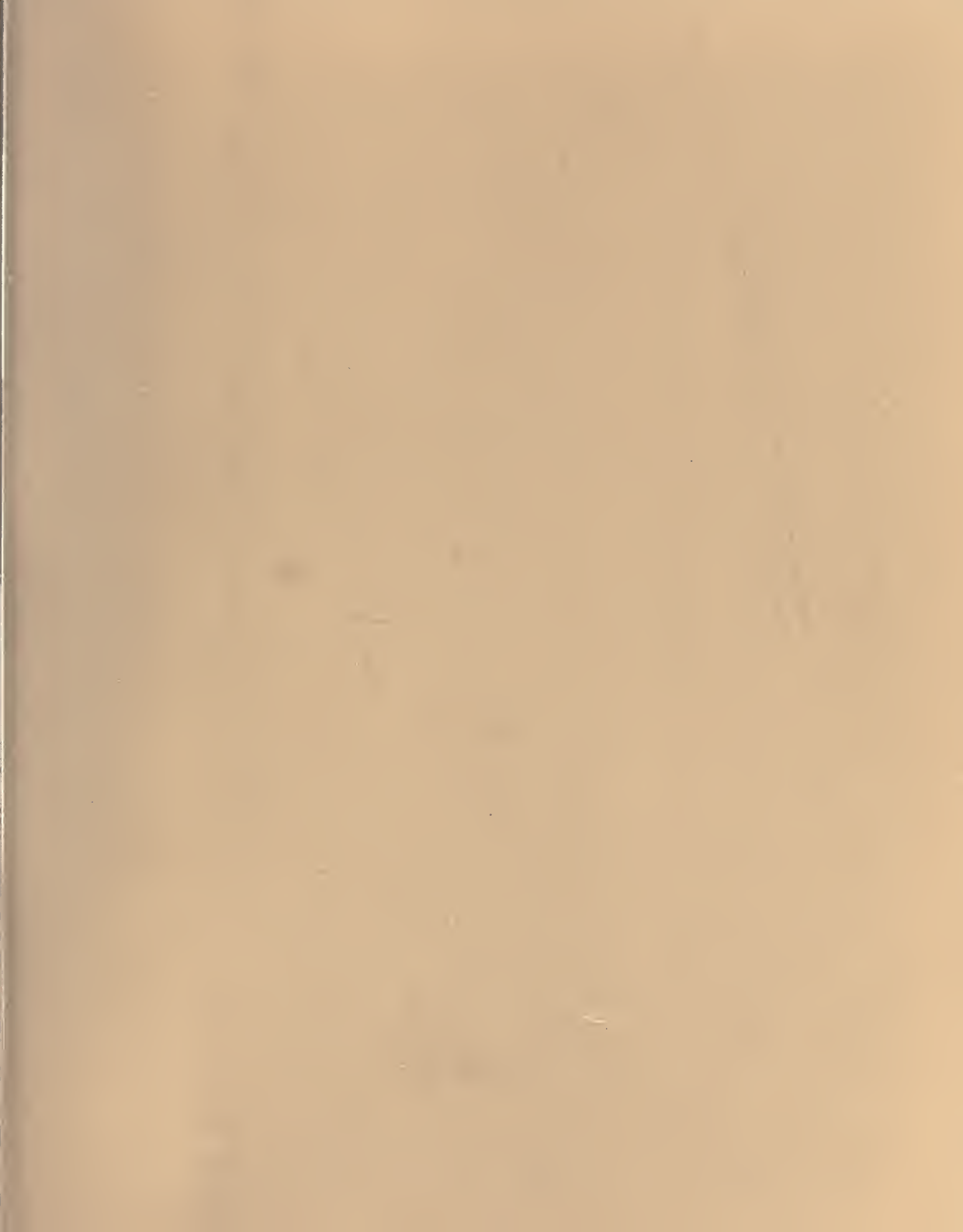
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The Bibliotheca Medica Canadiana is a vehicle for providing increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editors are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

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FROM THE EDITORS

Most of the contributors to this issue of BMC are only too well aware of the physical and social barriers which assail the disabled daily. For the most part they work in institutions which are dedicated to the abolition of those barriers erected by a thoughtless, rather than uncaring, society.

Many of the physical impediments to normal living for disabled people are slowly being reduced and, undoubtedly, similar gains are being made in the eradication of outmoded and untenable attitudes.

The University of Toronto Library publishes an excellent pamphlet entitled, "A guide for disabled persons". It recognizes implicitly the physical difficulties that disabled library users face in gaining access to many of the buildings. (Any intellectual barriers to the formidable structure are undoubtedly shared by the user population at large). The pamphlet, however, seeks to overcome the limitations of the existing libraries by giving a clear account of what special services and facilities do exist and, just as important, bluntly ascribing certain responsibilities to disabled users themselves.

At a recent meeting of the Toronto Health Libraries Association one disabled member was effectively prohibited because of a lack of access. It behoves those of us who work in the health information business to play a significant role in tearing down the barriers discussed. We might begin by examining our own attitudes and taking a close, hard look at our physical environments from the perspective of the disabled.

Jan Greenwood
Editor

Tom Flemming
Assistant Editor

* * * * *

A WORD FROM THE PRESIDENT

Diana Kent

A situation arose this Autumn which reaffirms my confidence in the solidarity of the health sciences library community and the ability of its members to act quickly and decisively when necessary. It involved the Canadian Hospital Association and a proposal they made to the Canada Institute for Scientific and Technical Information. This proposal has been dubbed the "C.H.A. initiative" and, because I think that it is important that C.H.L.A./A.B.S.C. members be informed, I shall attempt to review what occurred and the eventual outcome.

Mr. A.D. Cameron, Vice-President of Information Systems at the C.H.A., is developing a national electronic information network for the Association called Infohealth/Info-santé. As part of this network, Mr. Cameron approached CISTI in the Spring of this year with the proposal that the C.H.A. take over the role of the Health Sciences Resource Centre (H.S.R.C.) with respect to the approximately 80 **hospital library MEDLARS centres** in Canada. CISTI was apparently amenable to the change and entered into negotiations with the C.H.A. with the objective of discussing the initiative at the H.S.R.C. Advisory Committee meeting in September before going public.

On August 13, however, Mr. Cameron gave a presentation on his planned information network to the 1985 Health Administration Forum in Ottawa in which he stated, and I quote from his notes, "MEDLARS is available in Canada exclusively from CISTI. Negotiations with CISTI resulted in the C.H.A. becoming the hospital node in Canada for MEDLARS. This means that a hospital requiring information from MEDLARS will request it through the C.H.A." Mr. Cameron then went on to describe proposed numbers of subscribers and subscription fees for this service. In all fairness to CISTI, Mr. Cameron's statement was inaccurate and premature. CISTI had only a "memorandum of understanding" with the C.H.A. and not a formal, completed agreement.

Neither CISTI nor Mr. Cameron anticipated that a copy of his presentation notes would be distributed to health sciences librarians across Canada before the C.H.A. initiative was discussed with the H.S.R.C. Advisory Committee. When the notes were circulated, they elicited a very strong response from coast to coast, and telephone calls, briefs and letters of concern and opposition to the change were forwarded to CISTI, C.H.A. and the H.S.R.C. Advisory Committee.

Mr. Cameron met formally with the H.S.R.C. Advisory Committee on September 23. On the advice of this Committee, he met with hospital librarians from the Toronto area on September 27 to expand upon his earlier presentation and to provide more information about the C.H.A. initiative.

E.V. Smith, Director of CISTI, and M. Schafer, Head of H.S.R.C., attended a previously-arranged joint meeting of the C.H.L.A./A.B.S.C. Board of Directors and the Special Advisory Committee of the Association of Canadian Medical Colleges in Winnipeg on October 6. The C.H.A. initiative was added to the original agenda and during the thorough discussion at this meeting Mr. Smith promised to make an early decision with respect to CISTI's further involvement.

Within a few days of this meeting, M. Schafer telephoned those who had attended to inform them that CISTI had decided against proceeding further with the C.H.A. initiative

because of the misgivings expressed by CISTI's clientele. Thus will the relationship which hospital library MEDLARS centres now have with CISTI remain unchanged and MEDLARS services will continue to be provided through H.S.R.C.

The full C.H.A. information network, Infohealth/Infosante, is a commendable idea with potential for future benefits for Canadian health care institutions. Plans are to include eventually data bases on such subjects as Canadian health and hospital statistics, medical and hospital equipment, drug information, computer hardware, software and services, to name a few. It is evident, however, that the Canadian health sciences library community believes that it should have the right to choose from which organization it receives MEDLARS services and, for many reasons, could find no advantage in changing from CISTI to the C.H.A.

Copies of the notes for Mr. Cameron's original presentation, and copies of the briefs and letters outlining the reasons for opposition to the C.H.A. initiative, are available upon request. If anyone wishes to receive more information, please do not hesitate to contact Dorothy Fitzgerald, Chairperson of the H.S.R.C. Advisory Committee, Jan Greenwood, Past-President, Toronto Health Libraries Association or me. Our addresses appear on the last page of each issue of BMC.

* * * * *

Editor's Note:

Since Diana Kent wrote her **Word from the President**, Dorothy Fitzgerald, Chairperson of the H.S.R.C. Advisory Committee, has written to all of those people listed below who expressed their concerns about the C.H.A. initiative to the Committee, Mr. Elmer Smith or C.H.A.

Abzinger, Sue	Royal Columbian Hospital
Brady, Elizabeth	H.K. Musallem Library, Canadian Nurses Association
Brown, Beverly	Canadian Memorial Chiropractic College
Brown, Mabel	Health Sciences Library, Ottawa Civic Hospital
Clark, Adrienne	B.C. Medical Library Service
Crawford, David	Medical Library, McGill University
Dryden, Donna	Peter Wilcock Library, Charles Camshell General Hospital
Ducas, Ada	Science Library, University of Manitoba
Eagleton, Kathy	Brandon General Hospital
Greenwood, Jan	Ontario Medical Association
Harvey, Linda	W.K. Kellogg Health Science Library, Dalhousie University
Kelly, Claire	Research Library, Merck Frosst Canada Inc.
Kent, Diana	Canadian Health Libraries Association
Law, Jane	Kingston General Hospital
Laycock, Anitra	Health Services Library, Halifax Infirmary
LeBrun, Anne	Beattie Library, Ontario Cancer Foundation
Maes, William	Medical Library, University of Calgary
Maxwell, Patricia	N.S. Commission on Drug Dependence
Morrison, Carol	Ontario Cancer Institute
Panton, Linda	Health Sciences Library, McMaster University
Stableford, Bonita	Health Protection Branch, Health & Welfare Canada
Taylor, Margaret	Children's Hospital of Eastern Ontario
Van Reenen, Johann	Victoria Medical Society
Waluzyniec, Ms. Hanna	Medical Library, McGill University
Wright, Gwen	Bracken Library, Queen's University
Ziska, George	Victoria General Hospital

Anyone with an interest in the current status of the C.H.A. Infohealth/Infosanté project may wish to obtain a copy of the **Canadian Hospital Association/Update**, dated November 11, 1985, which was circulated recently to hospital administrators.

* * * * *

UN MOT DE LA PRÉSIDENTE

Diana Kent

Cet automne, un événement est survenu qui renouvelle ma confiance en la solidarité des bibliothèques de la santé et la capacité de leurs effectifs d'agir rapidement et fermement quand il le faut. Il s'agissait d'une proposition que l'Association des hôpitaux du Canada a présentée à l'Institut canadien de l'information scientifique et technique. Cette proposition a été baptisée "l'initiative de l'AHC". Je pense qu'il est important que les membres de l'ABSC/CHLA en soient informés et je vais donc vous décrire ce qui est arrivé.

M. A.D. Cameron, vice-président des systèmes d'information de l'AHC, est en train d'élaborer un réseau national de documentation électronique, pour l'Association, appelé Infosanté/Infohealth. Dans le cadre de ce réseau, M. Cameron a communiqué avec l'ICIST, au printemps de cette année, pour proposer que l'AHC assume les fonctions du Centre bibliographique des sciences de la santé (CBSS) en ce qui concerne les quelque 80 centres MEDLARS des bibliothèques hospitalières du Canada. L'ICIST, apparemment prêt à considérer ce changement, a entamé des négociations avec l'AHC dans le but d'examiner cette démarche, à l'occasion de la réunion du Comité consultatif du CBSS en septembre, avant de se prononcer publiquement.

Le 13 août, toutefois, M. Cameron décrivait son projet de réseau documentaire au Forum sur la gestion de la santé de 1985, tenu à Ottawa, affirmant, et je reprends ses notes, que "MEDLARS est offert au Canada exclusivement par l'entremise de l'ICIST. Des négociations avec l'ICIST ont fait que l'AHC est devenue le noeud hospitalier au Canada pour ce qui est de MEDLARS. Un hôpital qui a besoin d'information de MEDLARS va donc la demander par l'entremise de l'AHC". M. Cameron a ensuite décrit le nombre d'abonnés envisagés et le tarif d'abonnement pour ce service. En toute justice envers l'ICIST, l'énoncé de M. Cameron était inexact et prématuré. L'ICIST avait simplement conclu une "lettre d'entente" avec l'AHC et non un accord officiel.

Ni l'ICIST ni M. Cameron n'avait prévu qu'une copie de ses notes d'exposé serait diffusée parmi les bibliothécaires des sciences de la santé dans l'ensemble du Canada avant que la démarche de l'AHC ne soit étudiée de concert avec le Comité consultatif du CBSS. Cette diffusion a suscité une très vive réaction d'un océan à l'autre; des appels téléphoniques, des mémoires et des lettres exprimant de l'inquiétude et de l'opposition au changement ont été transmis à l'ICIST, à l'AHC et au Comité consultatif du CBSS.

M. Cameron a rencontré officiellement le Comité consultatif du CBSS le 23 septembre. Comme suite à l'avis de ce comité, il a rencontré des bibliothécaires d'hôpitaux de la

région de Toronto le 27 septembre afin de décrire plus en détail son exposé antérieur et de fournir de plus amples renseignements au sujet de l'initiative de l'AHC.

E.V. Smith, directeur de l'ICIST, et M. Schafer, chef du CBSS, ont pris part à une réunion mixte fixée au préalable du Bureau de direction de l'ABSC/CHLA et du Comité consultatif spécial de l'Association des facultés de médecine du Canada, tenue à Winnipeg le 6 octobre. L'initiative de l'AHC a été ajoutée à l'ordre du jour. Au cours de la discussion détaillée durant cette réunion, M. Smith a promis une décision sous peu quant à la participation de l'ICIST.

Quelques jours après cette réunion, M. Schafer appelait les personnes qui avaient participé pour leur dire que l'ICIST avait décidé de ne pas participer davantage à l'initiative de l'AHC à cause des craintes exprimées par les clients de l'ICIST. Ainsi, les relations actuelles entre les centres MEDLARS des bibliothèques d'hôpitaux et l'ICIST resteront inchangées et les services MEDLARS continueront d'être offerts par l'entremise du CBSS.

Le réseau documentaire global de l'AHC, Infosanté/Infohealth, est une idée louable qui pourrait être avantageuse à l'avenir pour les établissements de santé du Canada. On envisage à terme des bases de données dans des domaines comme les données statistiques en matière de santé et d'hôpitaux au Canada, l'équipement médical et hospitalier, les renseignements sur les médicaments, le logiciel, le matériel et les services, etc. Il est évident, toutefois, que les bibliothèques canadiennes des sciences de la santé estiment qu'elles devraient avoir le droit de choisir l'organisme dont elles reçoivent des services MEDLARS et que, pour différentes raisons, elles ne voient pas d'avantage à passer de l'ICIST à l'AHC.

Les notes de l'exposé complet de M. Cameron et des copies des mémoires et lettres décrivant l'opposition à l'initiative de l'AHC sont disponibles sur demande. Pour tous renseignements complémentaires, n'hésitez pas à communiquer avec Dorothy Fitzgerald, présidente du Comité consultatif du CBSS, avec Jan Greenwood, présidente sortante de la Toronto Health Libraries Association, ou avec moi. Nos adresses figurent à la dernière page de chaque numéro de BMC.

NETWORKING AMONG SOCIAL SERVICE AGENCIES

Peter Bernauer

**Coordinator of Information and Publications
Canadian Paraplegic Association**

Given the generally recognized merits and potential of effective networking among information professionals, it is somewhat surprising that librarians working in social service agencies have only recently begun to explore formally this basic survival strategy. The word "survival" is quite appropriate in this context as the days of liberal purse strings and unprecedented growth have gone, perhaps forever. Cutbacks in services, including library services, among agencies is the order of the day. Competition for corporate and private donations among Canada's 50,000 registered charitable organizations grows fiercer as fund-raising campaigns become increasingly sophisticated. In the fiscal gymnastics to be found at many annual meetings, it is becoming more difficult to justify even a minimal library budget in terms of an essential service when the odds seem highly stacked in favour of the "hard" and tangible programs which are often the focus of the media campaigns and numerous telethons to which the public is exposed. So, how does the library survive, or grow, when the parent agency is constantly threatened by funding shortfalls, when staff and budgetary resources scarcely meet the needs of the clientele and when professional librarians' associations don't seem to meet day-to-day needs or concerns? While there are any number of solutions, or strategies, available to the individual, networking can provide a framework for collective talent and expertise through which one can pursue long-term solutions, while improving the profile and credibility of information services within the agency.

The Disability Resource Library Network was established in Toronto in 1984 in order to provide a forum for individuals to share ideas and information relevant to the operation of resource libraries serving disabled persons. While a number of larger agencies are represented in the Network, the majority are small and local in their scope of operation. In many cases, libraries consist of one or two individuals who are responsible for all facets of collection development and information services. In addition, even among the professional librarians in the Network, duties may extend beyond the library so that an individual may be responsible for such diverse activities as editing the agency's in-house journal or planning and executing staff development programs for other departments within the organization. As in any library environment, time management is an essential skill which is certainly well-developed in the successful agency librarian.

To ensure that the great diversity, and similarity, of needs would be effectively met in a networking approach, representatives from a variety of backgrounds were invited to participate when the first meeting of the D.R.L.N. was called. Established organizations, such as the Canadian Rehabilitation Council for the Disabled and the Canadian National Institute for the Blind, along with government and hospital librarians and recently established consumer advocacy groups, such as the Centre for Independent Living and the Advocacy Resource Centre for the Handicapped, reveal the broad spectrum of interests and expertise found within the Network. The initial meeting, held at the offices of the Easter Seal Society, resulted in some immediate initiatives of benefit to all members. A mailing list of participants was established. This was quickly developed to include such information as short descriptions of subject specialty,

classification scheme used, primary clientele, collection size and on-line capabilities. This list is constantly updated and circulated to all members of the Network.

Without losing sight of the main purpose in forming the Network - to provide a practical self-help environment for members - some necessary administrative responsibilities were also undertaken. A small executive was established and terms of reference were developed. The Organization and procedures document approved by the members addressed such conventional topics as purpose, objectives, membership, meetings, organizational structure and specific responsibilities of the chairperson, secretary and vice-chairperson, as well as committee structure and role. It was decided that meetings of the entire Network would be held at least four times a year and that each meeting would include an information sharing component and a committee presentation based on a specific topic of interest determined in advance by the members. The decision to join any one committee was left to the individual, according to his or her interest and field of expertise. The topics of the presentations, however, were chosen to meet the expressed needs of all members. Some issues which have been explored include management of human resources, automation, library techniques and resource sharing. The focus of all presentations remains on the practical, as opposed to theoretical, application of solutions in the agency setting.

Although the topics of these presentations are standard items of concern for most librarians, regardless of the type of library under consideration, it is the context within which they are developed and discussed in the Network which make them pioneering ventures of some note. By way of example, to explore imminent automation of an agency library raises issues somewhat removed from the politics and social reality which would surface in a similar discussion focusing on academic or business libraries. It is not unusual for an agency to purchase one computer system to service the entire organization. Negotiating for equitable time, assessing appropriate software for a system which is primarily intended for accounting purposes and planning actual implementation of library operations with little or no staff support are just some of the difficulties which face agency librarians.

An indication of how the Network has helped individuals to cope with some of the unique demands of the social service agency environment is possible by taking a closer look at the automation and staffing issues. In addition to an enlightening presentation on automation at the Sunnybrook Health Sciences Centre, a number of members have participated in on-site evaluations of specific hardware and software recently introduced in a few agency settings. In addition to such co-operative investigations of specific computer applications, individuals are able to discuss implementation procedures, both in administrative and technical terms, while sharing insights into the costs and staff time involved. The value of informed decision-making during budget defense sessions becomes apparent as more agency librarians are successful in proceeding with well-developed plans for automation. With respect to staff support, members have explored several approaches: possible "pool" of professional and lay volunteers from local universities and community colleges; drawing from traditional resources available through a highly organized network of volunteer centres; and appropriate government-sponsored programs at the provincial and federal levels.

The obvious need to promote information services, both internally and externally, also receives continuing attention within the Network. Inexpensive but proven methods, such as the production and exchange of acquisition lists, specialized bibliographies, service brochures and the like are some obvious examples. The development of skills among the members, such as those relating to goal-setting, library techniques and budget preparation, also enhance the individual's profile within the agency's administrative circles, while improving the quality of services to the organization's

clientele. The cross-agency co-operation which the Network encourages has also resulted in the development of the Canadian Rehabilitation Council for the Disabled's Keywords classification scheme, a system specific to rehabilitation literature. The development of this edition was crucial in terms of the anticipated automation of many libraries using the Scheme, which is quickly becoming a standard system among agency libraries across Canada. This work, however, is not complete as an accompanying thesaurus is also being developed. (See article by Jaegglin beginning on page 99 in this issue).

Even with some notable successes and progress on a number of difficult issues, there remain many challenges for the Network. Some specific concerns to be addressed include the questions of interlibrary loan, the extent to which the general public should be given access, the development of an automated local area network and the group's relationship to professional associations such as C.H.L.A. and C.L.A., among others. As a young organization, the Network has certainly been successful in addressing some notable problems and, given the present level of peer support and cooperation, we can expect even greater progress in the future.

C.R.C.D. REHABILITATION CLASSIFICATION SCHEME

Robert B. Jaeggin
Canadian Rehabilitation Council for the Disabled (C.R.C.D.)

HISTORY AND BACKGROUND

The C.R.C.D. Classification Scheme is a specialized cataloguing system designed to accommodate the organization of literature relating to disability and rehabilitation. This highly dynamic field has undergone, in recent years, a tremendous growth, quantitatively and qualitatively, in the literature and information resources. C.R.C.D., with its strategic role as the national coordinating body for some eighty major organizations providing services for physically disabled persons in Canada, has attempted to assume a leadership role in the vital area of information services.

Patricia Fortin, as C.R.C.D.'s first full-time librarian, applied her professional skills in devising the original Rehabilitation Classification Scheme. Collaborating in this endeavour was Kathy Ellis, librarian with a C.R.C.D. member organization, The Kinsmen Rehabilitation Foundation of British Columbia. The result of this co-operative venture was the respective classification schemes of the two organizations, i.e. - C.R.C.D. and Kinsmen Rehabilitation Information System (KRIS) - a major step forward in exerting some form of bibliographic control in the rehabilitation field.

The "Keywords" established by the library staff of C.R.C.D. and The Kinsmen Foundation of British Columbia provided the initial framework for the classification of rehabilitation information. A special codified structure based on these subject descriptors was required, given the obvious difficulties of utilizing bibliographic standards such as the Library of Congress and Dewey Decimal classification schemes. A moment's reflection should sufficiently illustrate this point. Consider how many items of a specialized rehabilitation collection would be classified under the headings, "Disability" and/or "Rehabilitation", if the L.C. or Dewey systems were employed. One would, in effect, be required to create a lengthy list of special subheadings; not a very practical solution!

Patricia Fortin, in the preface to the second edition of the C.R.C.D. Classification Scheme, explained as her rationale for revising the original scheme, the need "to eliminate some inherent problems, and to better accommodate the literature of rehabilitation". Some of the major changes included a re-organizing of major categories, allowing for a more logical shelf-arrangement of materials. Also, more "specificity" was incorporated by the addition of new terms, and attempts were made to standardize the terminology.

The preceding objectives echo my own motivations in producing a third revised edition. Precisely because the field of disability-related literature is expanding so dramatically with new terms and changing priorities, we were forced to re-examine the ability of the C.R.C.D. Scheme to meet our current and projected bibliographic needs. A classification scheme - any classification scheme - is in fact a dynamic entity! Just as language evolves, the codified means of organizing concepts and terms must necessarily evolve as well. The other major contributing factor relates to the existing library collection. A classification scheme normally reflects at its outset the nature of the actual literature held at that time. This certainly was the

case with C.R.C.D. where the library collection was initially much smaller and even qualitatively different from its current state. Consistent with the general development of disability-related literature, C.R.C.D. initially acquired materials primarily concerned with the explanation and diagnosis of various disabilities and the technical aids available to assist in the process of rehabilitation. Over the years that emphasis has greatly expanded to include, for example, vocational opportunities, independent living, personal development and the new Charter of Rights. In fact, people with disabilities now seek information and guidance in all aspects of what we usually associate with "normal" living. The contemporary literature reflecting these new aspirations and interests must now be classified by a scheme designed for yester-year.

Classification schemes are attempts to organize and standardize objectively library materials. Nevertheless they are ultimately limited by the subjectivity of their creators. And yes, it must be acknowledged - no librarian worth his or her professional "salt" can resist the temptation of creatively stirring up the schematic brew and crystalizing an addition here or a tasteful improvement there. The limiting constraints remain, of course, a lack of staff time and resources.

CLASSIFIED DILEMMAS

One of my first tasks, upon commencing employment with C.R.C.D. in August 1984, was to familiarize myself with its specialized classification scheme. The previous librarian had initiated a number of changes to the scheme and some 500 books had just been catalogued according to the tentative new format. The remaining collection of approximately 5,000 books was still arranged under the old scheme (2nd edition). I opted immediately to defer any final decisions concerning the revisions until the potential consequences to various alternatives could be more fully assessed.

The dilemma inherent in whether to proceed with the revision process or return to the second edition standard may be understood, in part, as "long-term gain for short-term pain". While it would at first glance be simpler to maintain the status quo, a realistic appraisal of modern circumstances suggests that changes will occur irrespective of whether we will them. An inverse corollary of this, however, is the tremendous rigidity imposed upon future changes by the inertial force of precedent. In plain English - I could see the necessity for revising our cataloguing system to meet our future needs, but I also recognized the strong reluctance by those who were currently working with our scheme to accept major changes. Obviously anyone wishing to implement the new system would be required to re-classify the existing collection which is not an easy matter without adequate staff support.

Decisions do not normally occur in a void, and the general context for our concerns will sound familiar to most librarians: whether we had sufficient resources to complete the task at a time when information requests were increasing and plans were underway for automation.

Fortunately, we were able in the autumn of 1984 to hire a full-time library assistant, Mrs. Krista Nance, who, with the services of a student and part-time assistants, enabled us to verify some disturbing suspicions about our collection. As is the case in many libraries of non-profit organizations forced to rely on inexperienced volunteer help, a number of cataloguing and filing errors had inevitably compounded over the years. This realization provided a strong impetus to proceed with a major house-cleaning (weeding), including the re-classification of our entire collection.

THE CONSULTATIVE PROCESS

In 1984 the Toronto based Disability Resource Library Network (D.R.L.N.) was formed. While the idea of resource sharing is self-evident, the need is even greater for libraries in the non-profit and voluntary sector. I perceived immediately the benefits that might flow from inviting as many of my fellow colleagues as could afford the time to join me in re-shaping our classification scheme. If the C.R.C.D. Scheme was the de facto standard for the rehabilitation field, what better way to achieve the goal of future standardization than by encouraging maximum input?

Bi-weekly working sessions on proposed revisions commenced in February, 1985, and included regular participants such as Maureen Perez (Metro Reference Library), Peter Bernauer (Canadian Paraplegic Association), Nora Drutz (formerly with the Ontario March of Dimes), Carmen Toader (Muscular Dystrophy Association), and, of course, Krista Nance and me. Many other members of the D.R.L.N. and current users of the C.R.C.D. Scheme joined us at least once or twice, providing an invaluable source of guidance and commentary from a variety of perspectives. We had, in effect, created our first informal sub-committee, fulfilling the intent of resource sharing and information exchange inherent in the objectives of the D.R.L.N.

Other interested parties also contributed as suggestions and questions arrived from all parts of Canada and as far afield as Australia. Kathy Ellis of The Kinsmen Foundation of B.C. provided the necessary background information, both by telephone and by correspondence, on the formulation of the original schemes. This then was the beginning of what may be called a classification scheme "users group", which will provide a mechanism for incorporating changes when future editions become necessary.

While it would undoubtedly have been much easier for only one person to work exclusively on this task, the result would have been inevitably flawed. No one person, especially someone new to the subject area, could conceivably be expected to become an instant authority on a wide variety of terms and concepts. This project, as difficult and challenging as it has proven, illustrates, at least from my perspective, the validity of the consultative process.

C.R.C.D. CLASSIFICATION SCHEME - 3RD EDITION

In addition to inviting the wider library community to join us in the process, I decided that we would rely on the authority of the ABLEDATA and REHABDATA thesauri and subject descriptors of NARIC as our main reference standards. The National Rehabilitation Centre of the Catholic University of America in Washington, D.C., in creating the major North American rehabilitation database, has clearly established itself as the major information provider in the field.

Insofar as possible, it was deemed desirable to maintain compatibility with The Kinsmen Foundation of B.C. (KRIS) system. The respective collections of our two libraries, however, are quite different. The Vancouver-based Kinsmen Centre focuses on technical aids, while C.R.C.D. attempts to provide information on a much wider range of topics. Inevitably then, the two classification schemes, heretofore similar, will diverge. My objective was to create a scheme, which although specialized from the perspective of physically disabled persons, would nevertheless provide a sufficiently general or universal approach to enable adoption by a variety of organizations in the medical and rehabilitation fields.

Other bibliographic resources consulted include the Library of Congress Subject Headings and Sub-divisions, Dewey Decimal Classification Scheme, Medical Subject Headings (MESH), and the Nordic Information System on Technical Aids for Disabled Persons.

An important criticism of the second edition concerned the unnecessary repetition of subject headings and an unclear hierarchical structure. The new edition, when published, will improve the visual layout, incorporating some of the more useful features of the NARIC and KRIS Schemes.

THE REHABILITATION THESAURUS

An integral component of our efforts in subject analysis involves the creation of a rehabilitation thesaurus. Indeed, for some, a thesaurus designed for the computer age may well prove to be the most important document to emerge from our efforts. Krista Nance is formally in charge of the classification revisions and index, while Nora Drutz, who joined the staff of the C.R.C.D. Library in May 1985, has assumed responsibility for the new thesaurus.

While the function of a classification scheme is to organize materials in a hierarchical and systematic manner allowing for the relationships among subject areas, a thesaurus focuses on the determination of preferred terminology. Users, therefore, will be directed from words and phrases not utilized to the preferred term by means of the "USE" and "UF" (Used From) designations. The C.R.C.D. Thesaurus will also display, where appropriate, the various relationships among important terms, i.e., BT (broader terms), NT (narrower terms), and RT (related terms).

CONCLUSION

Many of our users in the rehabilitation field are asking how they might implement the new C.R.C.D. Classification Scheme. As previously indicated, C.R.C.D. will have to re-classify its entire collection. Other libraries would face a similar project.

The reasons why we opted to proceed with a new scheme may be summarized as follows:

1. The second edition was perceived as inadequate for our future cataloguing needs.
2. Given the problem of errors in the existing collection, a major house-cleaning was required irrespective of which scheme was selected.
3. The prospect of computerization necessitated some kind of thesaurus and provided the optimum opportunity for re-classifying the entire collection, given the work required for converting from a manual to an automated system.

The proposed third edition is in the final editing stage and should be available in draft form in the near future. Formal publication of both the Classification Scheme and the Thesaurus is dependent upon the availability of requested funding.

SAMPLE ENTRIES

BIBLIOGRAPHIC
EXAMPLE

Ford, Jack. R., and Duckworth, Bridget. Physical Management for the Quadriplegic Patient. Philadelphia, PA.: F.A. Davis Co., c1974.

THESAURUS
ENTRY

QUADRIPLEGIA

Paralysis of both arms and legs. Trauma is the usual cause. Includes quadriplegics and quadripareisis.

UF Quadripareisis
BT SPINAL CORD INJURY
RT HEAD/BRAIN INJURY
HEMIPLEGIA
NEUROLOGICAL DISORDERS
PARALYSIS
PARAPLEGIA

INDEX
ENTRY

QUADRIPLEGIA 220.22

QUALITY ASSURANCE

HEALTH CARE FACILITIES 237.1
REHABILITATION FACILITIES 353

CLASSIFICATION
SCHEME

220 INJURY/TRAUMA (Includes Injury Scale. See Also Pain)
.1 HEAD/BRAIN INJURY (See Also NEUROLOGICAL DISORDERS-BRAIN
DYSFUNCTION; NEUROMUSCULAR DISORDERS; STROKE)
.2 SPINAL CORD INJURY
.21 - PARAPLEGIA
.22 - QUADRIPLEGIA
.23 - HEMIPLEGIA
.3 - PARALYSIS

CATALOGUED
SUBJECT
HEADINGS

1. QUADRIPLEGIA 11. PARALYSIS 220.22 F6

INDEPENDENT LIVING FOR THE DISABLED: INFORMATION NEEDS

Katheleen M. Ellis

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Kinsmen Rehabilitation Foundation of B.C.

ABSTRACT

Presents a brief overview of the development and nature of the field of Independent Living and, using the services of the Disabled Living Resource Centre at the Kinsmen Rehabilitation Foundation of B.C. as a model, discusses the criteria and services needed to address the information needs of disabled consumers.

INTRODUCTION

During the last few decades, the impact of the technological evolution has been felt in almost every facet of our lives. Many of these developments have been harnessed to produce devices and adaptations which allow physically disabled people to attain and/or regain greater measures of independence and interaction formerly considered impossible. Prior to this the most common scenario for disabled people was one of life at home or in an institution with very little in the way of independence either for daily activities and functions, or basic financial self-sufficiency. The same period saw the emergence of an awareness of the various disadvantages suffered by many minority groups and the subsequent growth of advocacy movements (sometimes very vocal and militant ones!) to promote more equitable conditions for such groups and individuals. The emergence of "the disabled" as a disadvantaged minority group has perhaps been less obvious or dramatic than others but awareness and recognition of the needs of disabled people has gained momentum in recent years.

In areas such as Great Britain and Scandinavia the existence of universal health coverage allowed for the introduction of technological devices which promoted greater independence of the disabled. This independence in turn allowed for integration into the community and the organization and development of peer groups of disabled people. Two other events had a major impact on the growth of the Disability Rights movement: in North America the U.S. involvement in the war in Vietnam resulted in a large and vocal group of disabled veterans, very active in advocacy and lobbying for rights for all disabled people; and the declaration of 1981 as United Nations International Year of Disabled Persons (I.Y.D.P.) focused attention on the needs of disabled people as individuals and as a group. During this time funding was available for research to identify these needs and initiate projects.

Two major themes which have emerged from all the discussions are "Independence" and "Access to Information". Disabled people and involved care-givers alike were spending a great deal of time and energy trying to locate information about relevant technological developments and the services which were being established. To answer the demand for information the field of rehabilitation literature began to expand to encompass the concept of Independent Living and a body of applicable resources and literature emerged. As with any new field, initial criteria had to be established and the boundaries defined.

a) Relevance

According to studies by agency personnel (1,2), disabled people require information about the availability of assistive devices and services which could enhance their independent integration into community living.

b) Information Sources

"Independent Living" is a relatively new discipline and, while its origins are in health and rehabilitation, its scope encompasses every aspect and activity of life, e.g. hygiene needs, clothing adaptations, accessible travel destinations and building codes. In many cases the information required is not available from the usual rehabilitation sources, but must be gathered from sources not developed with the needs of the rehabilitation and disabled community in mind, e.g. non-slip table coverings available in marine supply stores, useful to disabled people to assist with eating functions; certain battery-operated toys which can be adapted for use with single-input switches to provide disabled children with toys for enjoyment and, incidentally, for assessment of motor function.

As the volume of information grew so did the need for consolidating the resources and ensuring access. Information services and resource centres have been and continue to be developed and established to address these needs. The Disabled Living Foundation in London, England, the I.C.T.A. Information Centre in Sweden, and NARIC in Washington, D.C. are but a few. Similarly, in Canada, the need for information resources was under discussion and ways to address these needs were being sought.(3)

In British Columbia, after some years of study and inter-agency discussion (4), the Kinsmen Rehabilitation Foundation of B.C. undertook to establish an information service for physically disabled people to address their information needs with respect to Independent Living.(5) This service was opened in October 1980 in preparation for I.Y.D.P. and is called the Disabled Living Resource Centre (D.L.R.C.).(6) The overall objective and mandate for the D.L.R.C. is: to establish a continuing, comprehensive program of direct assistance to disabled people and their families by fostering greater independence through the collection and distribution of knowledge of available facilities, services and equipment. To achieve these objectives various service components of the D.L.R.C. have been established and developed.

1) Equipment Display Centre

The D.L.R.C. provides approximately 2000 sq. ft. of exhibit space in which a wide variety of items (approximately 400 - 500) are displayed for disabled people, their families, care-givers, and others, to increase their awareness of the devices available for independence. The display items, on loan to the D.L.R.C. from approximately sixty suppliers, are updated and changed as new products are available and, while credit is given to the exhibitor, information about the variety of suppliers and options is also provided.

2) Educational Outreach

In addition to its function as an information resource, the D.L.R.C. utilizes the Equipment Display Centre as a demonstration "laboratory" for increasing attitudinal awareness in the general public. To this end, conducted tours of the facility are provided in which equipment demonstrations are given in the context of a general

presentation of Independent Living for Disabled Persons. These presentations are given to numerous groups of students in the various health care and social science disciplines, as well as to professionals in the field, consumer (i.e. disabled) groups, services organizations and clubs.

Where possible D.L.R.C. staff also respond to requests for general or specialized presentations to community groups, participate in conferences, workshops and awareness-training programs at industries and corporations, and in inter-agency activities such as Special Needs Planning for Expo '86. Depending on availability of resources and qualified instructors, the D.L.R.C. organizes periodically workshops for disabled consumers on education and recreational topics such as gardening, arts and crafts, and personal hygiene. Information on general topics is also disseminated via the "D.L.R.C.-Information Bulletin", now published as part of "Image" the quarterly newsletter of the Kinsmen Rehabilitation Foundation.

3) Library

As indicated earlier the amount of information on Independent Living has proliferated simultaneously with the technological developments, and is available from a multitude of resources, many of which were not part of the established health care channels or traditional library sources. An integral part of the planning for the D.L.R.C. was the establishment of a library where this information could be consolidated and organized for comprehensive access to the field.

Because of the nature of the field and the information needs of the clients, the primary information sources for this field are brochures describing the services of various organizations and equipment catalogues and pamphlets from manufacturers and suppliers. Periodicals and monographs were of secondary importance in the earlier days of this discipline but recent years have seen the publication of very useful material, often in the form of guides and handbooks, produced by or in consultation with disabled individuals and groups. Another important resource is the expertise and experience of disabled people and involved care-givers who have assisted generously over the years with the information needs of the D.L.R.C. and its clientele.

Currently the holdings of the D.L.R.C. are (approximately):

- 1000 pamphlets and brochures describing equipment and service organizations
- 80 equipment catalogues
- 2000 monograph titles
- 175 periodicals and newsletters
- 25 audiovisual format items
- 5 multi-media kits (material available in alternative formats, e.g. braille, large-print, audio cassette)
- 10 microfiche titles

A great deal of this information derives from contacts and interaction with suppliers and manufacturers, or contact and memberships with self-help groups and disability organizations. The researching of new sources and products is a constant task.

4) KRIS (Kinsmen Rehabilitation Information System)

An essential element in any information service is the ability to link the user and relevant items of information efficiently and quickly. The need to devise an effective way to organize the information resources for Independent Living has been addressed in a number of ways by the various organizations.

In the D.L.R.C. our approach to this problem has progressed through a number of stages beginning with an initial single-entry card-file (often hand-written!). As the service and information sources grew, so did our need for better, more sophisticated ways of organizing and retrieving the information for our enquirers. This led to the development of KRIS which was initially copyrighted in 1983. KRIS comprises the following: Subject Descriptors, Classification Scheme and Index, Software for on-line storage and retrieval and file maintenance, and the KRIS Database. All the components of KRIS have undergone major revisions and development since 1983, to allow for the rapid growth of the field of Independent Living and to recognise similar developments elsewhere (to facilitate future networking possibilities).

The KRIS Database contains information pertaining to Equipment, Services and Publications and focuses primarily on Independent Living in British Columbia, although national and international information sources are also available in the D.L.R.C. In addition to standard bibliographical information, records provide details of manufacturers, suppliers, costs, contact people, location served, and source agencies as well as a brief description of the relevant item, service or publication. The KRIS database was developed as an in-house tool to provide access to the wide variety of information resources available in the D.L.R.C. Accommodation of external user access to the resources of the D.L.R.C. via KRIS has been an integral part of its development but current funding restraints have limited this capability except for selected demonstrations and specifically funded short-term projects.

To enable the D.L.R.C. to provide detailed information services on Independent Living its staff must have specialized training in reference and inter-personal skills. One difficulty facing information providers in this environment is that they can be asked to assist in the actual interpretation of terminology and information. They must also be sensitive to a variety of disabling conditions and be able to deal with communication disorders or other barriers to the processing of information. Other prerequisites for this type of service include physically accessible facilities, a service commitment on the part of the sponsoring agency and stable financial backing.

The need for Independent Living resources, such as the D.L.R.C., has been confirmed by the steady increase in the number of enquirers and the consistent volume of visitors (see Figure 1). Another indication of this need has been the establishment and/or development of similar centres in other parts of Canada, many of which acknowledge the D.L.R.C. as a role model. Examples are the Sunnybrook Aids-for-Living Centre (Toronto), the Technical Aids Centre at the Institut de readaptation de Montreal, the Technical Resource Centre (Calgary) and the Resource Centre of the Alberta Rehabilitation Council for the Disabled in Edmonton. Others are still in the formative stage and the numbers are increasing. Links and informal networks are being established among these centres, as well as with the resources of mainstream libraries, the ultimate goal being a network of regional Independent Living centres to provide comprehensive information access to users throughout Canada.

Figure 1: Usage Statistics for the Disabled Living Resource Centre

	1980/1 (1st year)	1984/5 (5th year)
Enquiries	1700	2871
Visitors	1429	1416

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MUSIC IN BRAILLE

Margaret Matheson**Music Librarian
Canadian National Institute for the Blind**

With a single glance at a page of music, a sighted musician can absorb many pieces of musical information at once. For the blind musician, however, every detail from that printed page must be spelled out in braille music notation. The music must then be memorized, note by note, bar by bar, before the technical and musical problems of a composition can even begin to be studied.

What is braille? Braille is a system of raised dots for touch reading and writing for people who cannot read print. It was invented in 1829 by Louis Braille, a blind teacher, in Paris, France. From a full set of six dots in the literary braille code sixty-three different characters can be formed and combined in various ways to represent letters, parts of words or whole words, and punctuation. Braille music is a special brailled code or language based on the same cell of six dots which are combined instead to represent the symbols of music notation. Louis Braille, who was also a music teacher and organist, developed the braille music code during the period spanning 1829 to 1834.

In addition to understanding the signs of braille music, a blind musician must also be familiar with the variety of formats used to present braille music on the page. Piano music, for example, is written in two parts - right hand and left hand - that correspond roughly to the treble and bass staves of print music. The two parts can be arranged in a variety of formats: the right hand and left hand parts may either be written in separate paragraphs of music, or in parallel lines, similar to print, with each measure vertically aligned.

Nearly 300 blind Canadians - piano tuners, performers, teachers, students, composers and music lovers - rely on music as their primary source of employment and enjoyment. It is next to impossible for these musicians to acquire a large personal library of music materials as few sources for braille music scores exist. The transcription of music into braille is expensive, time-consuming and difficult to master. The C.N.I.B. Music Library's collection of over 15,000 braille music scores and its transcription services are invaluable resources to blind musicians across Canada.

How did the C.N.I.B. Music Library come into being? The Canadian National Institute for the Blind was incorporated in 1918, with headquarters in Toronto. In 1939 a research committee was appointed to consider the needs of blind musicians and piano tuners in Canada. The committee's findings resulted in the creation of a separate C.N.I.B. music department responsible for running a small music library, setting training standards for musicians, teachers and piano tuners and organizing music conferences. A small music transcription service for blind musicians, which began as an independent program in Quebec, was taken over by the C.N.I.B. in 1943. By 1955 it had become known as the National Braille Music Transcription Service of the C.N.I.B., serving music clients throughout Canada.(1)

1. Encyclopedia of Music in Canada, s.v. 'The blind' by William Vaisey.

In 1981 the braille music collections and services located in Montreal and Toronto became a unified service within the new National Library Division. A music librarian was appointed to organize and develop further the collections according to professional library standards. On April 18, 1983, Lotfi Mansouri, General Director of the Canadian Opera Company, officially opened the new C.N.I.B. Music Library in Toronto.

The C.N.I.B. Music Library is not just a collection of classical music; it offers everything from folk, jazz and popular music to methods books and instructional materials for a variety of instruments. Histories, biographies and books on theory in braille and tape formats are also available to students and music lovers. Catalogues of braille music scores for each instrument are compiled regularly in order to provide complete access to the C.N.I.B. Music Library holdings. This collection is growing into one of the larger braille music collections in the world.

The C.N.I.B. Music Transcription Services have played a major part in the development of this collection. Volunteers are trained to produce hand-transcribed scores which would otherwise remain unavailable to blind musicians, e.g. Canadian compositions and Conservatory collections. The process of music transcription is, however, expensive and time-consuming and care must be taken that unnecessary duplicate transcriptions of the same piece of music are not made.

The work of a braille music transcriber is a challenging yet rewarding experience. Certification in literary braille transcription must be supplemented by at least a basic knowledge of general music principles and a willingness to embark on a further course of study. There are currently far too few transcribers in Canada to meet the increasing needs of blind musicians.

One important communication link with Music Library clients is through **Mouthpiece**, the C.N.I.B. Music Library's periodical. **Mouthpiece** offers a diverse selection of news and views about the music world from a Canadian perspective. Articles are reprinted from a wide variety of music journals. Reports from the C.N.I.B. National Music Library and National Music Department keep music lovers in touch with current developments in the blind music community. Book and record reviews update clients on the latest releases. **Mouthpiece** is published three times a year in audio format.

The C.N.I.B. Music Library works, in conjunction with the C.N.I.B. National Music Consultant, towards serving the needs of blind musicians across Canada. The role of the consultant is to encourage these clients to use their skills as professional or amateur musicians and to inform them about traditional career opportunities as performers, composers, piano tuners and teachers.

The C.N.I.B. Music Library is also active in promoting the continued use and study of braille music notation. Today blind children are being mainstreamed into the public school system where special instruction in braille music notation may not be available. Most instructors of braille music are only to be found in the two schools for the blind in Canada. The entire system of braille music notation is in danger of dying out unless a way can be found to instruct systematically young students and teachers. Anne Burrows, an accomplished musician, teacher, critic and composer, has taken on that challenge by developing **Music Through Braille**. This program is designed to teach children the fluent use of braille music notation so that they may read and take part in school music activities. In addition, it is hoped that they will become proficient enough to study on equal terms with their peers. **Music Through Braille** has the potential to become an established course for training blind students and prospective teachers in braille music notation.

Through the development and active promotion of C.N.I.B. Music Library services and programs, and through support of projects such as **Music Through Braille**, the C.N.I.B. Music Library is making every effort to help keep braille music alive.

For more information contact: The C.N.I.B. Music Library,
 1929 Bayview Avenue,
 Toronto, Ontario
 M4G 3E8
 (416) 486-2562

* * * * *

SHERMAN SWIFT REFERENCE LIBRARY

Margaret Matheson
Canadian National Institute for the Blind

Sherman C. Swift was a major figure in the development of library service for the blind in Canada. In 1913, when he was appointed Librarian for the Canadian Free Library for the Blind in Toronto, only a few hundred volumes of embossed material were on the shelves. By 1919 the Library was incorporated into the organization of The Canadian National Institute for the Blind. At the time of Sherman Swift's death in 1947, it had grown to over 24,000 volumes of embossed braille, Moon type and music.

The Sherman Swift Room, originally established as a reading and browsing room for the use of blind library clients, was chosen in 1977 as the location for the small print collection of C.N.I.B. archival material and general reference literature on blindness. With the establishment of the C.N.I.B. National Library Division in 1981, this collection was re-named the Sherman Swift Reference Library.

Today, the Sherman Swift Reference Library offers approximately 1300 monographs, 80 serials and an extensive vertical file collection of material from the social sciences and humanities fields on aspects of blindness and visual impairment. Although the collection is primarily intended for the use of C.N.I.B. staff and registered clients, other researchers are welcome to borrow material on interlibrary loan. In-house use of the collection is not restricted.

The subject scope of this collection has been developed to meet the information and research needs of C.N.I.B.'s direct service staff and program consultants, both at the C.N.I.B. National Office and at each of the Institute's divisional and district offices. Medical and diagnostic titles are largely excluded, although the collection does include literature on the subject of low vision.

The major subject areas of the Sherman Swift Reference collection reflect C.N.I.B. services and programs, such as orientation and mobility, rehabilitation, recreation and social services. Additional subject development reflects the concerns of both professional groups and the general public, and includes topics ranging from special education and mainstreaming to biography and history.

Although the majority of items in the Sherman Swift Reference Library are in print only, some titles are available in both print and audio formats. Client access to reference materials in braille and audio format is provided through the C.N.I.B. National Library Recreation and Transcription Services.

There is, as yet, no printed catalogue of Reference Library holdings. Partial access, however, is provided by acquisitions lists which are prepared three times per year. These lists include an information bulletin as well as periodic subject bibliographies of Reference holdings.

Most research needs of Reference Library clients are satisfied by a manual bibliographic search. Computer searches provide additional documentation for those engaged in extensive research within the field of blindness and visual impairment.

Future projects of the Sherman Swift Reference Library include the completion of retrospective cataloguing, expanded access to the literature through on-line data bases and increasing public awareness of Reference Library services. This is an invaluable collection of specialized literature which deserves to be used to its fullest extent.

REHABILITATION AND INFORMATION: SERVICE FOR HANDICAPPED PERSONS

Veronica Healy

Reference Librarian

Service for Handicapped Persons, National Library of Canada

Physically disabled people are often information disabled. Successful rehabilitation and effective re-entry into their communities can be greatly enhanced by the availability of appropriate information.

The National Library of Canada has established a program of national coordination and development of library services to disabled persons. The program is designed to support the work of the local public, special or academic library and to provide information of all kinds to create better services. Your knowledge of this program could help your rehabilitation colleagues and clients to obtain better information services.

How can our library staff best provide service to mobility impaired patrons? Where can I obtain a copy of The Game on cassette? Is there a Canadian organization active in the area of legal services for people with disabilities? We have a patron with Usher's syndrome and need more information on this condition. A local service club has offered to purchase a reading machine for our library - what types are available? How wide should our book stack aisles be in order to be accessible to wheelchair users? These are representative of the reference questions received by the Service for Handicapped Persons.

Many of the questions we receive can be answered directly by referring to our information files which include information on Canadian and foreign libraries providing service to disabled patrons, and also on Canadian and international organizations which provide information and services of various kinds to disabled persons. Extensive files are maintained on the subject of technical aids or devices that can be used to increase the options available to disabled persons. Emphasis here is placed upon aids which can be used in a library setting or for reading purposes. Such aids include page turners, magnifying devices and reachers for retrieving books from shelves that would otherwise be out of reach. Detailed information is also available on computers and peripheral equipment for use by disabled persons, especially those with mobility or visual impairments.

Special format materials are books and periodicals in braille, recorded book and large print formats. If a library is looking for a title in any of these formats the request should be sent directly to the Location Division of the National Library. The Service for Handicapped Persons assists the Location Division in searching location requests for special format materials at levels 2 and 3.

One of the tools used to search for Canadian locations where special format materials is CANUC:H (Canadian Union Catalogue of Library Materials for the Handicapped). Available since early 1984 on DOBIS, the National Library's automated system, this database lists braille, talking books and large print books held in the major educational and recreational special format collections in Canada. CANUC:H contains approximately 25,000 records and is also available in a computer output microfiche, also called a COMfiche, for those who do not have search only access to DOBIS. The

COMfiche of CANUC:H is produced quarterly, and each issue contains a register and cumulative index. Subscription information for **CANUC:H in COMfiche** may be obtained from:

Canadian Government Publishing Centre,
Supply and Services Canada,
Ottawa, Ontario
K1A 0S9

Information concerning the online CANUC:H is available from:

Librarian,
Materials for the Handicapped,
Union Catalogue Division, Public Services Branch,
National Library of Canada,
395 Wellington Street,
Ottawa, Ontario K1A 0N4
(613) 995-7369 ENVOY 100: CANUC.H

The Service for Handicapped Persons supplements manual searches of its information files with online searches of relevant databases, such as ABLEDATA, a product-listing of technical aids and B.L.N.D., the online catalogue of the National Library Service for the Blind and Physically Handicapped at the Library of Congress. Searches will be done in accordance with the Online Information Retrieval Policy of the National Library.

In addition to responding to specific information requests, the Service for Handicapped Persons is concerned with the continuing education of library staff who serve disabled patrons. To this end it has published the **Handbook of Library Services for Disabled Canadians**, for which factsheets, directories and bibliographies will be published at irregular intervals.

Also available for training library staff in serving disabled patrons is the video, **Access: Serving Disabled Persons in the Library**, produced for the National Library by the Greater Vancouver Library Federation. The video is available in 3/4", V.H.S. and BETA formats, with or without signing for hearing-impaired viewers. Both signed and unsigned versions have accompanying sound tracks. The video emphasizes library service to those with visual, hearing or mobility impairments and may be borrowed directly from the Service for Handicapped Persons.

The Advisory Group on National Library Services for Handicapped Persons makes recommendations to the National Library. Appointed in 1982, the ten members of the Group reflect the concerns of special format producers, educational institutions and libraries serving the print-handicapped community in Canada. The Advisory Group normally meets twice a year. Its last meeting was held in October, 1985 where the issues of copyright as applied to special format books and subject access for special format materials were prominent among the topics of discussion.

The Service for Handicapped Persons welcomes questions concerning library services for disabled users. Please contact:

Service for Handicapped Persons,
National Library of Canada,
395 Wellington Street,
Ottawa, Ontario K1A 0N4
(613) 992-7811
TELEX: 053-4311 ENVOY 100: MCQUEEN.L

LIBRARY SERVICES AT THE HUGH MACMILLAN MEDICAL CENTRE

Elaine Bernstein
Librarian

INTRODUCTION

At the Hugh MacMillan Medical Centre (Operated by the Ontario Crippled Children's Centre) in Toronto, Ontario, rehabilitation is a daily pursuit. The centre is multi-disciplinary in the true sense of the word, with the realization that rehabilitation is a process involving, not only the physical being of the patient, but also his mental and emotional self.

The Centre is an active regional hospital and school providing comprehensive treatment to physically handicapped children and young adults, both on an in-patient and out-patient basis. The in-patient facility has 106 hospital beds. The out-patient facility includes diagnostic clinics, assessment services and therapy programs. The rehabilitation engineering department is a prominent one, offering a wide range of technical service programs. Health professionals are employed throughout the centre in various disciplines: medicine, nursing, dentistry, engineering, prosthetics, orthotics, therapies (occupational, physical, speech and language, communications), education, psychology, social work and recreation. The Centre is a teaching hospital affiliated with the University of Toronto Medical School, as well as with other allied health programs. The Centre has a very active and vibrant research department which delves into issues on rehabilitation for the disabled child and young adult.

HISTORY

The Library at the Hugh MacMillan Medical Centre has, in the last few years, undergone some structural change in an attempt to consolidate and increase the availability of information to those in search of it.

Prior to May of 1983, the Medical Library, consisting then of some 700 books was housed on the second floor of the building in the out-patients department, and was the responsibility of the Medical Records Department. Medical Records staff would order books and journals, classify them and check circulation files in order to maintain the collection. The work was accurately done. The main deficiency was that users did not have access to anyone who could help them find information on a particular question or issue.

The Rehabilitation Engineering Department employed a librarian for the summer of 1982 to organize the department's 300 books, technical reports, and periodicals. A library was set up, using the **Canadian Rehabilitation Council for the Disabled Classification Scheme**, to ensure compatibility with other rehabilitation libraries. At the end of the summer the librarian was employed part-time to continue with maintenance of the library.

In May 1983 the decision was made to consolidate the library resources at the centre. The Librarian would be maintained full-time to coordinate and centralize the library resources, and to bring together the two libraries.

The benefits of the centralization process included:

1. Decreased subscription duplication between the two libraries.
2. Increased accessibility of a larger collection of books and journals to a larger population for maximum benefit and use.
3. Increased availability of library services to all staff at the centre.
4. Increased centralization of information in one recognized location.
5. Increased utilization of available resources and of professional library skills.
6. Standardization of the policies and procedures regarding library activity.

COLLECTION

The two collections are now in close proximity, and complement each other quite well in their subject matter. The main subject areas in the library include; orthopedics, paediatrics, developmental medicine, physical medicine, rehabilitation medicine and rehabilitation engineering.

The library has more than 1,000 books and subscribes to a total of 115 periodical titles. Special collections include: annual reports, conference proceedings, theses, technical files on aids and devices for the disabled, trade literature, sound recordings and research reports.

LIBRARY SERVICES

The library services include: reference services, cataloguing and technical processing, inter-library loans, and circulation services. The library services are a direct response to the needs and activities of our library patrons with areas of research, clinical care and education. Online searching and library automation are on the horizon, as a microcomputer has recently been acquired for these purposes. There has been much interest expressed in an online file on aids and devices for the disabled. The file is called "Abledata" (available on B.R.S.) and provides the user with consumer information on commercially available items in the U.S., Canada, and Mexico. This has proven to be a helpful file for therapists and rehabilitation professionals seeking information of this kind.

The library is utilized primarily by staff and students at the centre. Co-operation with librarians in similar settings ensures that appropriate referrals are made, where necessary, and that access is available to various resource collections.

The Centre's membership in the Canadian Rehabilitation Council for the Disabled, as well as its many other interactions with colleges and universities, hospitals, rehabilitation centres, organizations and associations provide many additional sources of information and communication.

The librarian's membership in library associations and interest groups has proven to be of great value. Participation in the Toronto Health Libraries Association special interest group **Disability Resource Library Network** has been very beneficial. Through this group resource sharing has become possible with the exchange of information that takes place among librarians working in the rehabilitation field.

THE LIBRARIAN AS REHABILITATOR

Gina McOuat

Ontario Ministry of Labour
Special Studies and Services Branch

To acknowledge that "successful support systems seem to foster good health directly, encourage health-related behaviours, provide useful resources in stressful situations, and give participants helpful feedback for maintaining sound behavioural practices"(1), is to say that the hospital library, or more specifically the patients' library, has a very important role to play in the rehabilitation of patients. Indeed, not only can a library offer solace and entertainment to patients, but also it can serve as the focal point between the hospital and the community as a source of practical information on coping with life after hospital discharge.

There are many factors that affect patients' personal and social re-adjustment to life in the community: pain, depression, enforced dependency, transportation, and home maintenance. To assume that a patient can adjust to these impediments without assistance increases the chances of regression and readmission.(2) However, if a patient's sense of powerlessness and helplessness is eliminated, this can lead to increased optimism and self-esteem.(3) The patients' librarian, by offering fiction to enhance a patient's self-image so that he or she can vicariously experience the surmountable struggles of others, and by providing non-fiction to enhance individual competencies whether in music, history or algebra, can contribute greatly to ensuring a healthy re-adjustment to life away from the hospital.

In addition to providing patients with reading materials which offer encouragement, the patients' librarian can also provide information on community agencies and resources that are available to meet social, leisure and vocational needs. Files of the names of various service organizations and individuals in the field can also be maintained to put patients in contact with agencies that offer opportunities to learn new activities, establish friendships, and for involvement in the community, all of which may ultimately help prevent further hospitalizations.(4)

Equipped with helpful information, and having access to materials to comfort and enlighten, patients can become partners in their treatment.(5) Through the resources of the library they can: (6)

- identify strategies for coping with illness (stress, pain, limitations)
- plan realistic career and social goals
- seek out opportunities for increased social interaction
- explore creative interests and talents
- identify support systems
- increase mastery and independence in self-care abilities
- accept their illness and develop alternative lifestyles

It is by combining these resources with the services of occupational therapists and other clinical departments that patients perceive themselves as competent and more in control of self and environment. Thus, if the mainstreaming or normalization of patients is to be truly successful, it is essential for librarians working with patients to ensure that the library is perceived as a viable source of help in the total process of rehabilitation.

References

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3. Morrow, Eileen T. Stress and survival of illness: A study of disability-work groups and their effect on employee productivity and well-being. Occupational health nursing, February 1985; 33(2): 79-85, p.84.
4. Webb, Linda J. and Cox, Robert D. Social rehabilitation: a theory, program, and evaluation. Rehabilitation literature. June 1976; 37(6): 172-175,191, p.172.
5. Fielberg, Joan. Berlinger, Mary Ann. Goodchild, Eleanor. Gil-Gomez, Murilouise. The hospital library as a focus of patient education activities and resources. Bull. Med. Lib. Assoc. April 1983; 71(2): 224-226, p.224.
6. Morrow, Eileen T. p.80.

SERVICES TO HOSPITAL LIBRARIES AND HEALTH PROFESSIONALS AT THE SCIENCE AND MEDICINE
LIBRARY, UNIVERSITY OF TORONTO

Gwynneth Heaton

Head, Science and Medicine Library
University of Toronto

There are 25 hospitals affiliated with the Faculty of Medicine at the University of Toronto. Eleven are full teaching hospitals, and the rest have faculty only in some departments. We consider our highest priority must be to our faculty and students in the hospitals affiliated with the University.

For these affiliated hospitals the Science & Medicine Library provides free reference service, computer searches (on a cost-recovery basis with a minimum \$5/search and a handling charge of \$1.50) and photocopies of articles at a reduced cost. We also provide a book delivery service which involves receiving requests for books or serials (by telephone, or in writing), searching in our catalogue to see whether we hold them, retrieving them, signing them out, and packaging them for pick-up by the hospital vans. Several hospitals use the same van delivery service.

Besides the above services we also occasionally invite librarians from these hospitals librarians to seminars on such topics as new reference tools or computer searching. We also inform them about seminars given by outside organizations which are held at the University, and distribute to them our bi-monthly list of new reference materials received. While the number of hospital librarians doing their own computer searching ey becomis still growing, our reference librarians continue to act as resource people, and are often asked to search the specialized systems for them.

The library receives no specific budgetary support for service to the hospitals, although one position was added in 1980; the number of teaching hospitals had increased from 10 in 1970 to 22 in 1980, and our book delivery hospital loans had increased from 14,268 in 1970/71, to 31,857 in 1979/80. Our teaching hospital loans in 1984/85 were 49,282.

For hospitals not affiliated with the University, but within the Metropolitan area, we provide reference service, do computer searches on request but with a surcharge of \$30/hour (maximum \$90) and we will lend books for \$11 per title. Books and serials are lent to library card holding faculty who are based in these hospitals. Some hospitals have purchased an institutional membership which, if they borrow many titles, results in some savings and gives them a reduced surcharge of \$15/hour (maximum \$45) on computer searches.

Hospital libraries outside Metropolitan Toronto may request book loans and photocopies of serial acticles on interlibrary loan at our regular I.L.L. prices.

We provide free reference service to anyone who comes into the library or who telephones, and we often provide guidance on computer searching. Anyone coming into the library may use our stacks, but may not borrow materials without a library card. For health professionals outside of Toronto, our services are limited to interlibrary loan. Occasionally our reference staff will handle by letter a reference question from a health professional outside Toronto, but if it is appropriate the requestor will usually be referred to the closest public or university health sciences library.

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Dianne Kharouba

Without an online editing capability on MEDLARS, saved or stored searches must be completely deleted and re-entered online for even the smallest revision. To further frustrate the searcher, a stored search cannot be re-entered the same day it has been purged if the same name is used. Additional time delays result if entry errors are not caught before the search is stored.

Since April 1985 H.S.R.C. has utilized a microcomputer to create, edit, and upload its approximately sixty-five STORESEARCHes that run on the U.S. National Library of Medicine's MEDLARS AUTO SDI service. The main advantage has been in saving time, both online and that of the searcher. This became critical when all of the AUTO SDI profiles had to have name changes in order to work under the MEDLARS billing system. A second advantage, being tested now, is the application of a word processing program to identify STORESEARCHes containing a MeSH term that N.L.M. has deleted (or a deleted RN or a modified Tree Number).

Equipment

- IBM PC/XT (single disk drive)
- Hayes Smartmodem 1200B (internal)
- EPSON LQ-1500 printer
- DOS 2.10 (Disk Operating System)
- CROSSTALK VI (communications software)
- IBM's Personal Editor (wordprocessing software)

Downloading

All of the existing STORESEARCHes were downloaded or "captured". Whenever downloading a separate file is created for each in the form "storesearch name.XXX" where XXX represents the MEDLARS file against which the search runs. This makes it possible to search one's directory for all searches running against TOXLINE, for example. Once connected to MEDLINE, CROSSTALK's CAPTURE command is given. Then the search is DISPLAYed.

Microcomputer profile

The profile will be captured in N.L.M.'s DISPLAY format:

```
"SEARCH FORMULATION BEGINNING AT SS 5 :  
(EXPLODE DELIVERY OF HEALTH CARE.:/TD (MN) )"
```

This format is not suitable for uploading. It must be edited to look like an interactive search and consideration must also be given to the method to be used for uploading. CROSSTALK has several options. The searcher can upload line by line by pressing the return key when MEDLARS is ready for the next search statement. The micro can be instructed to send a line only when a certain character or number of characters is sent by MEDLARS. The micro can be instructed to send a line after a delay of a number

of tenths of a second. Currently, H.S.R.C. is using this last option as we wanted to make the uploading as "automated" as possible.

Since this uploading method is done without human intervention, profiles must not generate multi-meaning messages, time overflows or any other system queries that would necessitate a response. Therefore, the NONE option is chosen. The remainder of the profile is edited to contain only normal input. An example of a microcomputer profile follows this text.

New profiles are usually input directly on the micro for three reasons: copies of the profile must be stored on the micro for ease of future editing, the step of editing a downloaded profile is avoided, and inputting errors can be easily corrected before uploading.

When a profile is added, erased or edited, all profiles are copied from the hard disk to the oldest one of two floppy disks. Should any problems arise, the other floppy will contain a copy of the profile before modification.

Maintenance of profiles is very simple. Using the PE program, the profile is called up and quickly edited. Usually the STORESEARCH has been purged on MEDLARS the day before so that the edited profile can immediately be uploaded while still working on the micro.

Uploading

When ready to send the first profile, once connected to MEDLINE, the CROSSTALK command LWAIT XXX (XXX is the chosen time delay) is entered. During non-prime time (EST), lines can be sent as quickly as 0.15 or 1.5 seconds. The major draw-back with this option is the variation in response time during the day. If the micro sends the next line before MEDLARS can accept it, the profile becomes garbled, uploading must be suspended, the LWAIT delay readjusted, and the process re-tried.

The FINISHED command is not uploaded as part of the profile. Once uploading has been completed, the DISPLAY command is given to MEDLARS so that the profile can be checked. Then the profile is stored with FINISHED followed by Y.

Summary

There was an initial investment of time to set up the procedures and become comfortable with the equipment. In addition, approximately 5 person days were spent editing the sixty-five downloaded profiles. The investment has paid off and maintenance of our AUTO SDI's is no longer the harrowing process it once was.

Example microcomputer format:

```
STORESEARCH
S010 GIBNMA036
NONE
EXP HANDICAPPED OR EXP REHABILITATION CENTRES
EQUIPMENT DESIGN (MH) OR EQUIPMENT FAILURE (MH) OR EQUIPMENT SAFETY (MH)
1 AND 2
EXP SELF-HELP DEVICES
EXP DELIBERY OF HEALTH CARE/TD
3 OR 4 OR 5
```

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ

Dianne Kharouba

Puisque le système MEDLARS n'est pas doté d'une fonction de correction en direct, les recherches stockées ou mises en mémoire doivent être complètement effacées et réintroduites pour être corrigées. Cette tâche est rendue encore plus difficile du fait qu'une recherche stockée ne peut pas être réintroduite, sous le même nom, le même jour où elle a été éliminée. Des délais additionnels sont encourus si des erreurs de frappe se glissent avant la mise en mémoire de la recherche.

Depuis le mois d'avril 1985, le CBSS crée, rédige et télécharge à l'aide d'un micro-ordinateur ses quelque soixante-cinq recherches emmagasinées (STORESEARCH) exploitées par le service MEDLARS AUTO SDI de la U.S. National Library of Medicine. L'avantage principal du micro-ordinateur est qu'il permet de gagner du temps: le temps du chercheur et le temps de connexion. Cette méthode s'est avérée d'autant plus appropriée puisqu'au mois d'avril il a fallu changer le nom de tous les profils CAN/SDI pour les intégrer au système de facturation AUTO SDI de MEDLARS.

Un autre avantage du micro-ordinateur est l'utilisation d'un programme de traitement de texte pour identifier les recherches emmagasinées qui contiennent un terme MeSH, un RN ou un numéro Tree, éliminé ou modifié par la N.L.M. Ce programme est actuellement à l'essai.

Equipment

- IBM PC/XT (monodisque)
- Hayes Smartmodem 1200B (interne)
- Imprimante EPSON LQ-1500
- DOS 2.10 (système d'exploitation à disque)
- Crosstalk VI (logiciel de transmission)
- IBM Personal Editor (logiciel de traitement de textes)

Transferts

Toutes les recherches emmagasinées ont été saisies et un fichier distinct pour chaque recherche mise en mémoire a été créé sous la forme de présentation suivante: "nom de la recherche mise en mémoire.XXX", où XXX désigne le fichier MEDLARS dans lequel la recherche est effectuée. Ceci permet de chercher dans le fichier répertoire du micro-ordinateur toutes les recherches effectuées par exemple dans le fichier TOXLINE. Une fois branché au fichier MEDLINE, il suffit d'utiliser la commande CROSSTALK "CAPTURE" et ensuite d'afficher (DISPLAY) la recherche.

Les profils sur micro-ordinateur

Le profil sera saisi dans la forme d'affichage DISPLAY de la N.L.M.:

```
"SEARCH FORMULATION BEGINNING AT SS 5:  
(EXPLODE DELIVERY OF HEALTH CARE :/TD (MN) )"
```

Cette forme d'affichage ne se prête pas au téléchargement. Elle doit être mise en forme de manière à ressembler à une recherche en mode interactif en prenant en considération le mode de téléchargement qui sera utilisé. Le logiciel CROSSTALK offre plusieurs options. Le chercheur peut télécharger ligne par ligne en appuyant sur la touche de retour du chariot chaque fois que le système MEDLARS est prêt à accepter un énoncé de recherche. Le micro-ordinateur peut être programmé pour n'envoyer une ligne que lorsqu'un certain caractère ou un nombre de caractères est transmis par le système MEDLARS ou encore qu'après un nombre déterminé de dixièmes de seconde. Cette dernière option a été adoptée par le CBSS étant donné que l'objectif de celui-ci est d'"automatiser" le plus possible le téléchargement.

Puisque le téléchargement est automatique, les profils ne doivent pas générer de messages multiples, des délais trop longs (TIME OVFL) ou toute autre interrogation qui nécessiterait une réponse. Pour ces raisons, le CBSS a choisi l'option NONE. Le reste du profil est mis en forme de manière à ne contenir que les formulations acceptables. Vous trouverez en fin de texte un exemple de profil sur micro-ordinateur.

En général, les nouveaux profils sont introduits directement dans le micro-ordinateur pour trois raisons: faciliter les modifications ultérieures, éviter l'étape de la révision d'un profil transféré de la N.L.M. et permettre l'utilisation du logiciel de traitement de texte.

Après qu'un profil ait été ajouté, effacé ou corrigé, tous les profils sont copiés du disque rigide sur le plus ancien des deux disques souples. Si un problème survient une copie non modifiée du profil se trouve sur l'autre disque souple.

La modification des profils est très simple: à l'aide du logiciel de traitement de texte (PE), le profil est appelé et modifié rapidement. En général, la recherche emmagasinée a été éliminée dans MEDLARS le jour précédent, de façon à ce que le profil corrigé puisse être téléchargé alors que le chercheur est encore branché au micro-ordinateur.

Téléchargement

Une fois que l'utilisateur est branché à MEDLINE et prêt à introduire le premier profil, la commande CROSSTALK LWAIT XXX (XXX étant le délai choisi) est envoyée. Durant les heures creuses la valeur minimale de XXX est 015 c'est-à-dire 1.5 seconde. Le principal inconvénient de cette option est la variation du temps de réponse au cours de la journée. Si le micro-ordinateur envoie la ligne suivante avant que le système MEDLARS puisse l'accepter, le profil est tronqué, le téléchargement doit être interrompu, le délai LWAIT modifié et l'opération recommencée.

La commande FINISHED n'est pas téléchargée en même temps que le profil. Une fois le téléchargement terminé, la commande DISPLAY est envoyée au système MEDLARS de façon à ce que le profil puisse être vérifié. Le profil est alors mis en mémoire avec la commande FINISHED suivi de Y.

Résumé

Il a fallu un certain temps pour élaborer les procédures et se familiariser avec l'équipement. De plus, environ 5 journées-personnes ont été nécessaires pour réviser les soixante-cinq profils transférés. Ces efforts ont finalement rapporté: la maintenance du système AUTO SDI n'est plus l'entreprise laborieuse qu'elle était.

Exemple de présentation sur le micro-ordinateur:

STORESEARCH

S010 GIBNMA036

NONE

EXP HANDICAPPED OR EXP REHABILITATION OR EXP REHABILITATION CENTRES

EQUIPMENT DESIGN (MH) OR EQUIPMENT FAILURE (MH) OR EQUIPMENT SAFETY (MH)

1 AND 2

EXP SELF-HELP DEVICES

EXP DELIVERY OF HEALTH CARE/TD

3 OR 4 OR 5

NEWS AND NOTES

NEW PUBLICATIONS

Film Canadiana 1983-1984

Canada's national filmography, has been published by the National Library of Canada, the National Film, Television and Sound Archives, the National Film Board of Canada and the Cinematheque quebecoise. This authoritative catalogue includes bibliographic data on over 2500 Canadian films produced in 1983 and 1984, a variety of useful indexes (subject, director, producer, production company, feature films, coproductions), and an indispensable directory of Canadian producers and distributors with up-to-date addresses and phone numbers for over 1500 film organizations.

Direct orders and payment of \$20 per catalogue, plus provincial sales tax, if applicable, payable to the Receiver General for Canada should be sent to:

Customer Services,
National Film Board of Canada,
P.O. Box 6100, Station A,
Montreal, Quebec
H3C 3H5

* * * * *

CISTI News 1985:3;3, announced the latest edition to CAN/SDI: SPORT. Produced by the Sport Information Resource Centre (SIRC), this database is already on CAN/OLE and includes information on **sports medicine**. Each issue will contain approximately 1500 references derived from newsletters, journals, monographs, theses and conference papers published in English and French.

The address for SIRC is:

333 River Road,
Vanier, Ontario
K1L 8H9
(613) 748-5658

* * * * *

Ontario College of Nurses
101 Davenport Road,
Toronto, Ontario
M5R 3P1

Standards for nursing practice for registered nurses and registered nursing assistants.
Toronto: College of Nurses, 1985. Price: \$1.50

* * * * *

Ontario Association of Registered
Nursing Assistants
2000 Weston Road,
Suite 207,
Weston, Ontario
M9N 1X3

RNA utilization in Ontario. Toronto: O.A.R.N.A., 1985. Price: \$4.00

* * * * *

PUBLICATIONS OUT OF PRINT

A health sciences library basic manual: for library staff in small health care institutions. Greenwood, Jan. Toronto: O.M.A., 1982.

N.B. Work will begin in 1986 on a substantial revision to this handbook. BMC readers are invited to submit any recommendations for change in form or content. The O.M.A. regrets that it is unable to fill a number of recent orders.

* * * * *

RECENT MEETINGS

O.H.A. Region 9 Hospital Libraries Group held a one-day workshop at the Ottawa Regional Cancer Centre on October 31, 1985. **Pat Hutchison**, President of the group, was Co-ordinator. The theme, "Managing the Small Library", comprised a session on time management and a seminar by **Jan Greenwood** on communications in the administrative process.

* * * * *

The Ottawa Regional Cancer Centre hosted recently four workshops on end-user searching the cancer literature for physicians and health professionals in the Ottawa area. **Anne LeBrun** and **Pat Hutchison** of the Centre were the organizers of the workshops given by **Carolyn Anne Reid** from the University of Nebraska in Omaha. So successful were the workshops that plans are underway to repeat the performance next year, including an intermediate level course for this year's "graduates".

* * * * *

The Central Ontario Health Libraries Network held a meeting at the Huronia Regional Centre in Orillia on November 13. **Maureen McGuire**, the Centre's Librarian, convened the program which included a tour of the institution which accommodates 800 mentally retarded adults, and a workshop on Quality Assurance given by **Jan Greenwood**.

* * * * *

On November 18 the O.H.A. held its annual seminar for health sciences librarians. The theme was **Strategies for success - image and outreach**. **Margaret Taylor**, Director, Library Services, Children's Hospital of Eastern Ontario in Ottawa served as Chair. The subject of image was addressed by **Sheelah Dunn Dooley** of Hamilton's The Management Institute, while **Joanne Marshall**, Librarian-Researcher, C.M.E. at the University of Toronto focused the outreach portion of the program upon clinical librarianship.

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EXPANSION OF ONTARIO'S ASSISTIVE DEVICES PROGRAM (A.D.P.)

Ontario Health Minister Murray Elston announced on November 22, 1985 that the A.D.P. for young people 18 years and younger will be expanded to cover adults up to the age of 21 years and will pay 75% of the cost of medical devices.

The announcement was made at the opening of **Sunnybrook Medical Centre's Aids-for-Living Centre** which has just been renovated.

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PEOPLE ON THE MOVE

Betty Bishop has been hired as Health Sciences Librarian at the Owen Sound Marine and General Hospital and will be taking up the position in January 1986. A graduate of the School of Library and Information Science at the University of Western Ontario, Betty is currently at the Lakehead University in Thunder Bay.

* * * * *

On January 6, 1986 **Gayle Casey**, now Health Sciences Librarian at the St. Catharine's General Hospital, will replace Deidre Green as Staff Librarian at the Queen Elizabeth Hospital in Toronto. She is a graduate of the University of Toronto's Faculty of Library and Information Science.

* * * * *

CLOSURE OF DEPARTMENTAL LIBRARY, HEALTH AND WELFARE CANADA

The **Departmental Library of Health and Welfare Canada** will be closed effective April 15, 1986. With the exception of publications unique in Canada, interlibrary loans service to outside users will cease January 1, 1986. An internal Library Management Committee is supervising the dissolution of the collection and services.

Some archival publications and titles seldom used are to be absorbed by the collections of the National Library of Canada and CISTI. Those holdings of the Departmental Library that meet operational requirements will devolve to the internal libraries of the four Branches which are: Health Protection, Policy Planning and Information, Health Services and Promotion and Medical Services. The libraries, which are administratively separate from one another, and from the Departmental Library, have in the past provided service in varying degrees to the outside health community and will continue to do so.

* * * * *

UPCOMING MEETINGS

HEAR YE! HEAR YE!

The **Tenth Annual Meeting of CHLA/ABSC** will be held June 15-18, at the downtown Holiday Inn in Montreal. The room rates will be \$78.00 single and \$89.00 double for those who book early enough to take advantage of these special prices. The expected all-inclusive conference registration fee is \$115.00.

At this time, the following continuing education courses are planned for the meeting:

Sunday, June 15, 1986

1) **ACHIEVING EXCELLENCE:** 9:00 a.m. - 5:00 p.m.

This management course teaches one how to implement the new "excellence-oriented" management style. Attendees learn how to achieve higher output, create and reward quality, achieve personal excellence, etc. It will be taught by an instructor from the highly-recognized firm, Careertrack.

2) **DESIGNING ONLINE EDUCATION FOR MEDICAL ENDUSERS:** 8:30 a.m. - 5:00 p.m.

This MLA course prepares library staff to develop programs which train health professionals to perform their own online searching. The seminar makes use of problem-solving activities to reinforce design principles.

Wednesday, June 18, 1986

3) **SOFTWARE PACKAGES WORKSHOP:** 9:00 a.m. - 5:00 p.m.

This course will not only demonstrate, but also evaluate, a variety of software packages which have widespread library applications. Areas of interest include packages for ordering and processing, I.L.L.s, circulation and online searching/downloading.

The fees for courses 1,2, and 3 are \$90.00 each for CHLA/ABSC members.

4) **MEDLINE: AN ADVANCE STRATEGY SEMINAR:** Half day course

This seminar, sponsored by CISTI, will focus on efficient search techniques and review difficult and seldom used strategies. An opportunity will be provided for discussion of system user problems.

For more information about the meeting please write to:

Hanna Waluzyniec, Conference Chair
Medical Library, McGill University,
3655 Drummond Street,
Montreal, Quebec
Canada H3G 1Y6

1986 ASTED/C.L.A. CONFERENCE

The planned theme of this conference, to be held in Quebec City on June 19-24, is *Le virage humain/People Still Count*. More information will follow with **BMC** Volume 7, Number 4 in February.

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ONTARIO HOSPITAL LIBRARIANS

On December 5 hospital library staff representing each of the twelve Ontario Hospital Association's (O.H.A.) designated regions will be attending a meeting at the Ontario Medical Association. The purpose of the meeting is to establish an Ontario Hospital Libraries Association and to discuss the advisability of attempting to gain affiliated group or section status within O.H.A. A small task force has established the groundwork for this meeting. Members are **Verla Empey** (Wellesley Hospital, Toronto), **Susan Hendricks** (Oshawa General Hospital), **Carol Morrison** (Princess Margaret Hospital, Toronto) and **Jan Greenwood** (O.M.A.).

* * * * *

B.C. NEWS

Judy Neill

**Medical Library Service
College of Physicians and Surgeons of B.C.**

The Health Libraries Association of B.C. is anticipating an interesting evening at its December meeting. Bill Fraser, Chief Librarian of the B.C. Medical Library Service, will be reporting on his visit to China and Japan. He attended the 5th International Congress on Medical Librarianship in Tokyo in October and will be discussing both the meeting and his travels around the Orient. It should be an entertaining, as well as instructive evening.

We have another newcomer to welcome to our B.C. health library community: Dan Heino, a 1985 graduate of the U.B.C. School of Librarianship, finished a 3-month summer position at the B.C. Medical Library Service, before assuming the position as librarian at the Psychiatry Department Library at the U.B.C. Health Sciences Centre Hospital in September.

* * * * *

CALL FOR PAPERS

The Editors of **BMC** thank this issue's contributors for their assistance and co-operation. To receive two **unsolicited** papers was a real bonus!.

Volume 7, No. 4 will focus upon Beryl Anderson's **Survey and Report on Services Offered by Hospital Libraries in Canada** which will be published in full. Several hospital librarians have been asked to comment on the Survey and their views will also be published. Other articles on the broad subject of **hospital library services** will be gratefully received by **January 31, 1986**.

End-User Searching will be the topic of Volume 7, No. 5, the deadline for which is April 4, 1986; this should give those of you now involved in end-user searching plenty of time to report.

Please remember also to submit any news items on happenings in your region.

* * * * *

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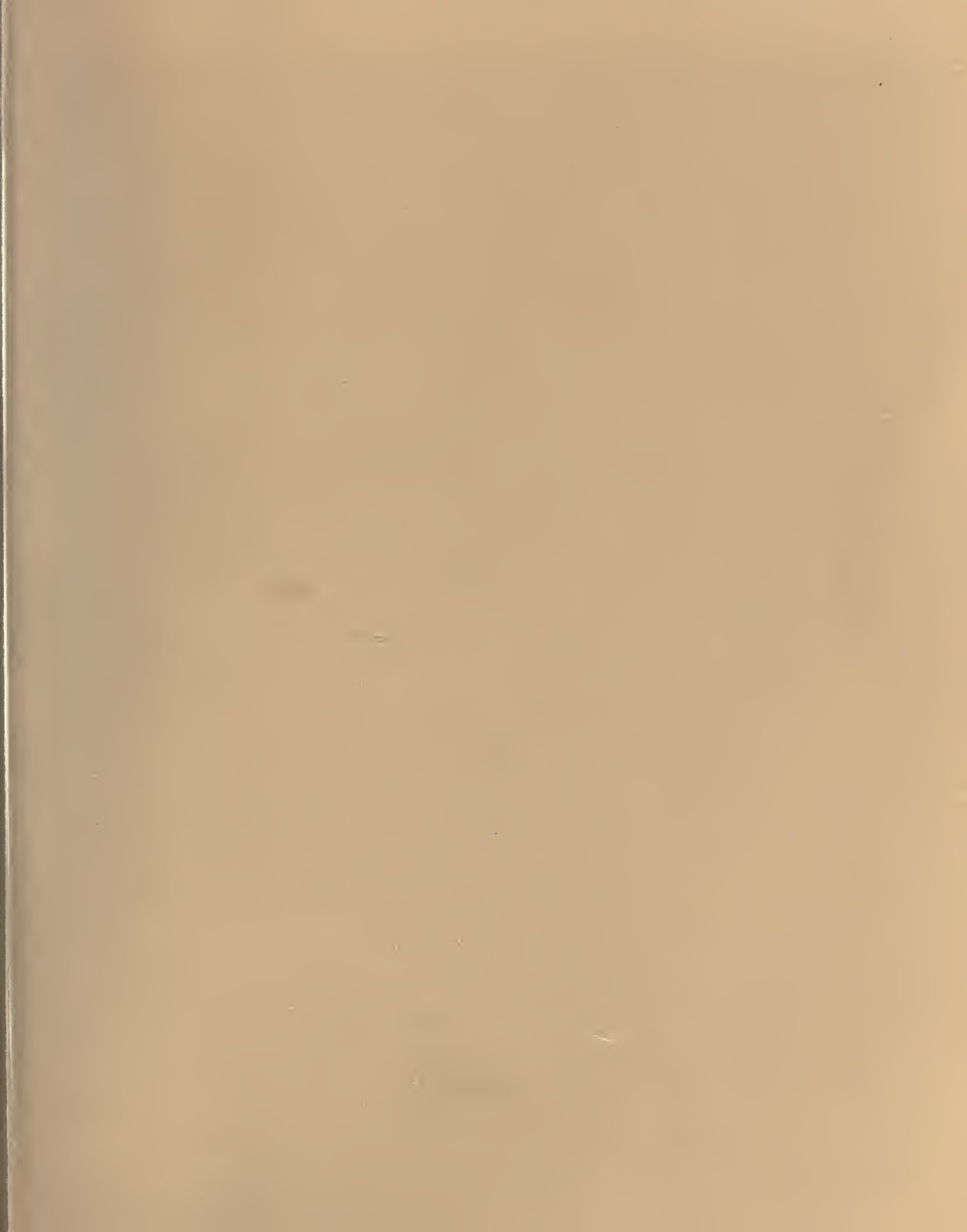
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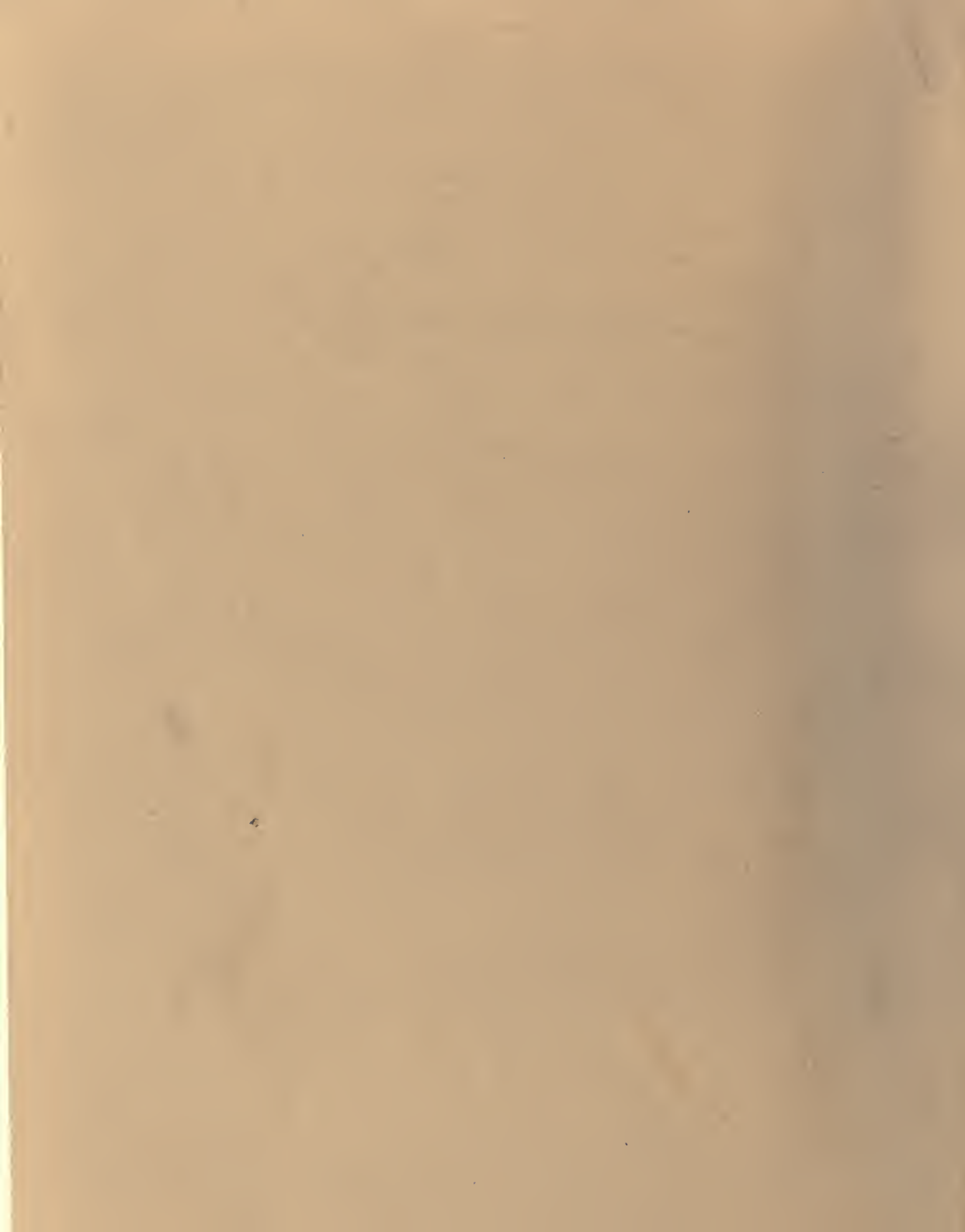
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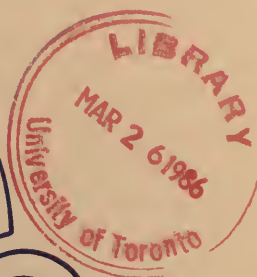


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VOLUME 7 NUMBER 4 1986 ISSN 0707 - 3674

BIBLIOTHECA MEDICA CANADIANA



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INFORMATION FOR CONTRIBUTORS/ADVERTISSEMENTS AUX AUTEURS

The Bibliotheca Medica Canadiana is a vehicle for providing increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editors are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

PUBLISHING SCHEDULE

1985/86

The deadlines for submission of articles to V.7 are as follows:

7:5 April 4, 1986

CALENDRIER DE PUBLICATION

Les dates limites pour des articles pour les envois à paraître:

7:5 4 avril 1986

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INDEXÉ PAR

LIBRARY AND INFORMATION SCIENCE ABSTRACTS (LISA)
CUMULATIVE INDEX TO NURSING & ALLIED HEALTH
LITERATURE (CINAHL)

FROM THE EDITORS

As most BMC readers know, the Canadian Council on Hospital Accreditation has the responsibility for evaluating health care facilities and granting awards. The 1983 C.C.H.A. Standards introduced into existing monitoring processes the concept of quality assurance, a continuous, internally-administered examination of the effectiveness of a facility in achieving its stated goals. 1986 marks the year when Canadian hospitals must implement Q.A. programs if they wish to attain a high level of accreditation from the C.C.H.A.

It is fitting therefore that BMC should publish now a report and survey of Canadian hospital library services. The survey is one of a series aimed at identifying major services provided by various kinds of special libraries. As such it does not address some of the peculiarities of hospital libraries as Anitra Laycock and Margaret Taylor discovered in reviewing the document for this issue. Nonetheless it is the most comprehensive survey that we now have and should provide an excellent vehicle for hospital librarians to examine the quality of their user services. The Editors of BMC would be pleased to publish any responses from the hospital library community to Ms. Anderson's report.

Jan Greenwood
Editor

Tom Flemming
Assistant Editor

* * * * *

A WORD FROM THE PRESIDENT

Diana Kent

Growth in any organization is usually followed by change, and change can stimulate growth. CHLA/ABSC has been undergoing this process of growth and change over the years. If changes are well planned they should prove to be a positive force in strengthening the Association's effectiveness and efficiency.

Appointed committees on various subjects (constitution, classification, publications) were established and dissolved when they were no longer found to be necessary or useful. Currently, a review of the Education Committee is in progress in order to improve its performance and effectiveness within the Association.

Although the number of members has increased, the costs of producing the **Bibliotheca Medica Canadiana** have also risen. These costs for the **BMC** have been substantially subsidized in the past by the Editors' organizations but this will probably not continue indefinitely. Other remuneration to defray these costs must be found. CHLA/ABSC has been approached by several publishers who wish either to buy advertising in the **BMC** or to purchase/(or rent) the membership list mailing labels. The Board of Directors is looking into the pros and cons of this potential source of revenue.

Additional expenses have been incurred because of CHLA/ABSC's increasing involvement with other organizations. If we just sat back and did nothing it would be much less expensive, but that would prove neither stimulating nor conducive to the Association's professional development. CHLA/ABSC has, for example, recently contributed seed money for the production of an oral history project in Canadian medical librarianship.

Strategic planning has been implemented by many organizations and institutions in order to respond to the changes facing them, and I believe that it is time for CHLA/ABSC to follow suit. Strategic planning will provide a focus for the future, replacing ad hoc decision making with systematic, pro-active decision making, and increasing coordination among the components of the Association.

Last Autumn, I wrote to all the Chapter presidents asking them to consult with their executives and members, and to forward to me their ideas and opinions about long-term objectives for CHLA/ABSC. The response has been excellent and it is now up to the Board to respond appropriately so that the Association can continue to grow and change, to change and grow.

UN MOT DE LA PRÉSIDENTE

Diana Kent

La croissance de tout organisme comporte normalement des changements et les changements peuvent stimuler la croissance. L'ABSC/CHLA a connu ce processus de croissance et de changement au cours des années. Lorsque les changements sont bien planifiés, ils devraient constituer une force positive et rehausser l'efficacité et le bon fonctionnement de l'Association.

Différents comités (statuts, classification, publications) ont été établis et dissous quand ils ont cessé d'être nécessaires ou utiles. On réexamine actuellement le comité de l'éducation afin de lui donner un meilleur rendement et une plus grande efficacité au sein de l'Association.

Même si le nombre de membres a augmenté, les frais de production de *Bibliotheca Medica Canadiana* ont également augmenté. Dans le passé, ces frais ont bénéficié de subventions appréciables des organismes où ont travaillé les rédacteurs, mais ce ne sera probablement pas toujours le cas. Il faut trouver d'autres façons de couvrir ces frais. L'Association a reçu des demandes de plusieurs éditeurs qui veulent soit acheter des annonces dans *BMC*, soit acheter (ou louer) les étiquettes-adresses de la liste de membres. Le Bureau de direction étudie le pour et le contre d'une telle source de revenus.

D'autres dépenses sont attribuables à la plus grande collaboration entre l'ABSC/CHLA et d'autres organismes. Rester là à ne rien faire coûterait bien moins cher, mais cela ne serait ni stimulant ni favorable à l'essor de l'Association. C'est ainsi que l'ABSC/CHLA a récemment versé une somme d'argent en vue d'un projet d'histoire orale de la bibliothéconomie médicale canadienne.

De nombreux organismes et établissements ont réagi à des changements de conjoncture en élaborant un plan stratégique, et je crois qu'il est temps que l'ABSC/CHLA fasse de même. Un plan stratégique servira de visée vers l'avenir, remplaçant les décisions ponctuelles par des choix systématiques et proactifs, tout en permettant de mieux coordonner les éléments de l'Association.

L'automne dernier, j'ai écrit à tous les présidents de section pour leur demander de consulter leur conseil et leurs membres, puis de me transmettre leurs idées et opinions au sujet des buts à long terme de l'ABSC/CHLA. La réponse a été excellente et il incombe maintenant au Bureau de direction de prendre les mesures qui permettront à l'Association de grandir tout en changeant, de changer tout en grandissant.

IN MEMORIAM: ELIZABETH MARSLAND

Verla Empey

Director of Library Services
The Wellesley Hospital

Elizabeth Marsland established The Wellesley Hospital Library in 1968 and was considered so indispensable that the hospital administration refused to accept her resignation. After several attempts Elizabeth threatened to retire without a successor and was thus finally able to retire on Dec. 31, 1976.

Elizabeth created a library that always received special commendations from the C.C.H.A. accreditation teams and from trainees assigned to the hospital. After her retirement she organized a departmental collection for the Limbic System Laboratory under Dr. Kenneth Livingston and provided a personal library service for him until shortly before she died. This enabled her to maintain an association with the hospital and with her many friends here.

Elizabeth died on October 1, 1985 and her family have requested that her friends make donations in her name to the Library Memorial Fund at The Wellesley Hospital, c/o The Development Office, 160 Wellesley St. E., Toronto M4Y 1J3.

* * * * *

NEW ASSOCIATION FORMED

On December 5, 1985 the Ontario Hospital Libraries Association (OHLA) was founded. Representatives from the twelve Ontario hospital regions elected the Association's first Executive at a meeting held in Toronto at the Ontario Medical Association. The members of the Executive are:

President	Verla Empey (Director of Library Services, The Wellesley Hospital, Toronto)
President-Elect	Margaret Taylor (Director of Library Services, Children's Hospital of Eastern Ontario, Ottawa)
Secretary	Linda Hill (Director, Shared Library Services, South Huron Hospital, Exeter)
Treasurer	Don Hawryliuk (Librarian, Sudbury General Hospital)

OHLA plans to hold its first one-day education program to coincide with the O.H.A. Annual Convention in Toronto, and hopes that in future years its Annual Meeting might form an integral component of that convention. OHLA is also requesting that the C.H.L.A. Board grant it some sort of affiliated status with C.H.L.A.

Membership forms were circulated on January 15 to hospitals throughout Ontario by means of the O.H.A. executive mailing. Ontario hospital library staff, and other interested in hospital library development in Ontario, are encouraged to join OHLA. For more information or membership forms please contact any member of the Executive or Jan Greenwood at the O.M.A.

SERVICES OFFERED BY HOSPITAL LIBRARIES IN CANADA
REPORT OF A SURVEY DONE IN 1985

Beryl L. Anderson

INTRODUCTION

In 1977, the Council of Federal Libraries (C.F.L.) conducted a survey, part of which was a list of services that might be offered to a library's users. The results of the survey - which covered libraries of various sizes and types of staff and in various subject fields - showed that, in each of three staff size categories used, there was a core of services offered by 90 percent or more of the libraries, and this core list grew larger as staff size increased. While the increase in number of services could be expected, the unanimity in type of service could not, and raised the question of whether a similar situation would occur among other groups of special libraries. Accordingly, surveys were conducted by the writer in 1982 and 1985 of other groups of government libraries (the largest group in the not-for-profit sector), of company libraries (for-profit sector) and hospital libraries (also classed as not-for-profit sector). With permission, the same list of services as in the 1977 C.F.L. study was used, and results of the surveys were examined to see whether such core lists could be identified. In addition, because the services within the six broad categories used were arranged roughly in order of increasing complexity or value on the basis of the increased staff participation required to provide the service, it was possible to test whether factors such as staff size and staff qualifications, or library subject orientation in a mixed group of libraries, would correlate with higher level services. In the case of hospital libraries, the latter did not apply but two other factors could be examined: whether the library was in a teaching hospital, and what the size of the hospital was, as determined by number of beds. In the tests described in this report, therefore, the hierarchy of services was provision of space, provision of materials (document delivery), bibliographic assistance and provision of information, among the "re-active" services; current awareness and user instruction among the "pro-active" services.

METHODOLOGY

By use of such hospital library directories as were available and of the Canadian Health Libraries Association membership list, over 200 hospital libraries staffed at least 15 hours a week (in effect, half-time) were identified and sent questionnaires. There were 157 responses, of which 152 were usable, and 75 non-responses. A comparison of the 157 respondents and 75 non-respondents, grouped according to hospital bed size, indicated that the percentages of the two in each hospital size group were comparable and in three of the five categories, almost equal. Consequently it was reasonable to proceed on the assumption that the respondents could be considered a representative group. Table 1 gives the figures for the responses, which came from all provinces except Prince Edward Island.

Table 1. Questionnaires sent and received, by province.

Province	Questionnaires sent	Number of replies	Percent response	Unusable
Alberta	15	13	86.7	
British Columbia	11*	8	72.7	
Manitoba	12	10	83.3	
New Brunswick	9	8	88.9	
Newfoundland	8	5	62.5	1
Nova Scotia	12(+3)**	11**	73.3	2
Ontario	91	62	68.1	2
Prince Edward Is.	1	0	-	
Quebec	65	35	53.8	
Saskatchewan	8	5	62.5	
Total	232(+3)**	157**	66.8	5

* Included one duplicate

** Responses were received from 3 extra libraries

Identification of teaching hospital libraries was made by using the list of members of the Association of Canadian Teaching Hospitals found in the **Canadian Hospital Directory, 1984**; bed size was taken from the same directory. Staff size was established in terms of full-time equivalents (F.T.E.), treating those working 15 to 29 hours a week as half-time, and those working less than 15 hours, quarter-time. Qualifications were as specified by the respondents: professionals (i.e. with library science degrees), specialists, library technicians (i.e. graduates of a technician programme), clerical, and other - this last category covering both non-library qualifications and the services of volunteers.

The measure of correlation used to test the degree of relationship between sub-groups was Kendall's tau, a measure of rank correlation. The measure used to test both the relationship and its direction was Yule's Q. Tau was calculated **on the basis of responses in all service categories**, unless otherwise stated; Q was calculated using the **total response in a broad category of service**, e.g. total document delivery responses versus total bibliographic assistance responses. A caveat has to be entered concerning provision of information responses. The service "state-of-the-art reviews" was obviously misinterpreted by many libraries, with the result that this response was unusable. These analyses of very exhaustive literature searches require a high degree of expertise in the reviewer and sufficient staff to provide other services while the report is being prepared; they are not something that could be embarked upon an average of once a month (the criterion for a yes response) by a small library.

DEFICIENCIES IN THE SURVEY

The preceding statements illustrate one of the problems with all questionnaires; possible misunderstanding of the questions, or possible local meanings unknown to the researcher. This is especially true when, as with this survey, it was not possible to send a list of explanations and definitions. Again, this type of simple checklist precludes inclusion of questions that could be used to double-check consistency of responses. There is also a danger that services may be either inflated or under-played, or the stated criterion for a positive response overlooked. Lack of time and money, moreover, ruled out any attempt at a follow-up. This said, the fact remains that a considerable degree of consistency emerged from the responses, indicating that it is possible to place some reliance on the results.

BASIC SERVICES OFFERED BY 90 PERCENT OR MORE OF THE TOTAL SAMPLE

Table 2 gives a complete listing of the number and percentage of libraries offering each service directly, and the number and percentage providing the service through the agency of another library. While a fair number of hospital libraries were able to supplement direct services by services obtained elsewhere, the tables and calculations which follow have dealt only with directly offered services in order to produce tables comparable to those in other survey reports. The apparently greater reliance by hospital libraries on services obtained elsewhere possibly reflects the close relationship that in many cases exists between the hospital library and a nearby medical school library or even, as in British Columbia, an association which offers services. Consequently, the picture of service presented by the tables can be considered conservative. A good example is Service no. 7, Production of microforms. No library offered it directly, but 25 regularly obtained it through another agency.

The core list of seven services offered directly by 90 percent or more of the libraries expanded to nine when indirect services were added. The lists in rank order are:

<u>Service number</u>	<u>Services provided directly</u>	
1	Seating	100.0
9	Simple reference	100.0
13	Locating requested items	99.3
4	On-site use of materials	98.0
5a	I.L.L.	95.4
5	Borrowing	94.1
16	Manual literature searches	92.8
	Total services	7

<u>Service number</u>	<u>Services provided with the aid of another source</u>	
1	Seating	100.0
5a	I.L.L.	100.0
9	Simple reference	100.0
13	Locating requested items	99.3
4	On-site use of materials	98.0
10	Complex reference	96.7
16	Manual literature searches	96.1
5	Borrowing	94.7
6	Photocopying (non-I.L.L.)	92.1
	Total services	9

The service most frequently obtained from outside sources was, not surprisingly, automated literature searches (46.1%). Other such services noted by 10 percent or more of the libraries were group study rooms (14.5%), production of microforms (16.4%), translations (18.4%), and automated S.D.I. (17.1%).

The services least frequently provided by the libraries themselves were production of microforms (offered by none), translations, S.D.I., indexing newspapers, and abstracting.

SERVICES ACCORDING TO SIZE OF STAFF

Staff size is an obvious factor affecting the services offered by libraries. The staff size categories used in the 1977 C.F.L. survey were 0.5-4.9; 5-14.9; and 15 or more staff. These proved quite unsuitable for hospital libraries, among which all but twelve fell into the first category, and no library had a staff as large as 10. The important breakdowns for this group, therefore, were 0.5-1.9 (n=89) and 2.0-9.9 (n=63). The list which follows gives the number of respondents in each size category; Table 3 gives complete figures for the size ranges used for comparison. Note that libraries with fewer than one half-time staff member have been excluded from the tabulations throughout.

Staffing of hospital libraries in Canada

<u>Number of staff</u>	<u>Number of libraries</u>	<u>Cumulative percent</u>
Less than 1/2 time	5	Excluded
Half-time	17	11.2
More than 1/2 time but less than 1 FT	3	13.2
1 only	37	37.5
More than 1 but less than 2	32	58.6
2 only	20	71.7
More than 2 but less than 3	11	78.9
3 only	3	80.9
More than 3 but less than 4	7	85.5
4 only	4	88.2
More than 4 but less than 5	6	92.1
5 to less than 10	12	100.0
Total	152	

A comparison of the columns in Table 3 shows clearly that number of services offered increases - as one would expect - when staff size increases. A closer inspection would also show that the added services included higher level services (e.g. complex reference) as well as the "pro-active" services, current awareness and user orientation. Current awareness services, it should be noted, appear in the core list only for libraries with five or more staff. Figure 1 charts the comparison.

SERVICES ACCORDING TO TYPE OF STAFF QUALIFICATION

Another factor which would affect services is staff qualifications. When respondents were grouped according to qualification and the specialist, library technician, and clerical/other groups were correlated with the professional group over all services using Kendall's rank correlation co-efficient, tau, the correlations were found to be high and significant, though that between professional and clerical was the weakest of the three. When number and level of service were analyzed, however, differences appeared.

Of the 152 libraries in the sample, 92 had trained librarians on staff, the number ranging from one part-time professional to three. Eighteen libraries listed specialists as their most highly qualified staff; numbers ranged from one part-time to 1.5 F.T.E. Twenty-seven libraries were run by library technicians, numbers ranging from one half-time to two full-time. Fifteen libraries listed clerical staff or others with non-library qualifications, the range being from half-time to one full-time. The services offered by the four groups of libraries are given in Table 4. Figure 2 shows the comparisons among the four core lists and also services offered by libraries with professionals versus the combined set of those without professionals.

Services uniquely offered by 90 percent or more of libraries with professional staff were complex reference, verification of citations, and library instruction. The clerical/other group was unique in including periodical routing in its core list, making it the only group with a current awareness service in its basic list.

It should perhaps be noted that the choice of 90 percent as the cut-off point for inclusion of a service in a core list was arbitrary - an attempt to get a strong affirmation for the offering of a service. A group of libraries wanting to set norms of service, or to evaluate their libraries on services offered, might be wise to choose 80 or 85 percent as the decision point, especially because the need to use percentages to achieve comparability is unfavourable to very small groups, where each member counts for disproportionately more than in a larger group. For that reason, the Professional/All other dichotomy probably yielded more soundly based core lists for libraries without librarians than the three smaller groups did by themselves.

Since the question of the value of library versus other qualifications frequently arises, two other sets of tests were carried out. In the first, the professional group was compared with the rest on level of service, e.g. whether bibliographic assistance or provision of information services were more likely to be emphasized in professionally staffed libraries than document delivery. The associations were in the predicted direction (i.e. more emphasis on information services in libraries with professional staff), but the Q values (.10, .11) were too low to be significant. When the two groups were compared to see whether bibliographic assistance or substantive information services were more emphasized, however, no difference was found between them.

The second test was feasible because there were sufficient responses in two size categories to permit a comparison of professionally staffed and other libraries in these groups alone; i.e. it was possible to control for size of staff and thus get a clearer contrast between types of staffing. The two groups were libraries with one F.T.E. staff (n=37) and those with more than one but less than 2 F.T.E. staff (n=32). In all cases, the associations between professional staffing and higher level services were positive, but except for the associations with substantive information services (Q values of .12 and .10 respectively for the two size groups*), the associations were negligible, and the ones cited too low to be significant. The evidence, therefore, suggests that libraries with professionals get higher level services, but it is not conclusive.

* I.e. 1 F.T.E. and more than 1 but less than 2 F.T.E. staff. In both groups, professional staffing correlated with information provision; non-professional, with document delivery.

SERVICES OFFERED BY HOSPITAL LIBRARIES IN CANADA ACCORDING TO TYPE OF PARENT INSTITUTION

Two other factors needed to be considered for their possible effect on services offered by libraries: the type of hospital (teaching versus non-teaching) and the size of hospital as measured by number of beds. Figure 3 indicates the services which were offered by 90 percent or more of the libraries in the two groups, with the basic list added for comparison. The two groups differed, as other groups did, on number and level of services, the teaching hospitals receiving the extra services. But when compared on level of service emphasized, Q values were negligible, indicating the two did not differ significantly in that respect.

It may be noted that the list of basic services derived from the total responses coincided exactly with the list for non-teaching hospitals. This strengthens the suggestion that type of institution does have some influence on services offered by the library.

Bed size categories were based generally on those suggested in the 1975 **Canadian Standards for Hospital Libraries**, as revised for **Standards for Hospital Libraries in British Columbia**, 1982. Time did not permit the search necessary to establish the extra criteria for assigning hospitals to categories 1 and 2, so a simple bed size count was substituted. Five categories were therefore decided upon:

<u>Bed size</u>	<u>Number of libraries</u>
Fewer than 150 beds	17
150 - 299	29
300 - 499	51
500 - 699	28
700 and more	17
Unable to assign	<u>10</u>
Total	152

Figure 4 shows in chart form the services provided by 90 percent or more of the libraries in each group. While in general the larger hospitals got more services, the 500 - 699 group was a definite anomaly, especially since a high proportion had professional staff, a factor which, as has been seen, tended to produce a greater number of services.

It should be noted, however, that services 10, 14 and 21 in this size category were all over 89 percent, and that one more response for each service would have resulted in a list of ten, including some of the higher level and extra services one would have predicted. One might also have expected more services in the smallest group, given the percentage with professional staffing; however, since 15 of the 17 had fewer than two staff members, staff size may have affected the result. It seems that, except insofar as larger institutions may be able to afford larger and better qualified staffs, the size of the parent institution may not be a factor in type of services offered. Table 5 gives percentages for staff size and number of professionals in each hospital size category; it is clear that there is little correlation between size of staff and size of institution, and the proportions of qualified staff likewise show little correlation.

SERVICES MOST REQUESTED BY LIBRARY USERS

The purpose of this part of the questionnaire was to elicit some suggestions as to whether users' most frequent requests matched the types of services most commonly offered. Table 6 gives numbers and percentages of replies. Six services received no mention at all: production of microforms, translations, S.D.I., newspaper indexing, library promotion and publications. Nine services were mentioned by 20 percent or more of the libraries: interlibrary loan, simple reference, locating requested items, manual literature searches, borrowing, non-I.L.L. photocopying, automated literature searches, complex reference and on-site use of materials. Routing periodicals (19.7%) was also close to 20 percent.

While the rankings of the requested services varied in the different sub-groups we have examined, there was less variation in number of services requested. Figure 5 charts these services. Interlibrary loan ranked first in all lists except that for clerically-staffed libraries; simple reference requests came second except in the library technician, clerical and teaching hospital lists. Thereafter, rankings varied considerably.

Four of the most frequently requested services were not among those in the core list for the whole sample. They were non-I.L.L. photocopying, complex reference, automated literature searches and routing of periodicals. It would appear that a fair number of libraries are not commonly supplying some of the more sophisticated reference and current awareness services that are wanted by their users.

CONCLUSIONS

The consistently high correlations, over-all, on types of services offered by the various sub-categories examined make it reasonable to conclude that in spite of variations in ranking, there is a fair degree of consistency among hospital libraries in the kinds of services they provide and the extent to which they provide them. When only the 90 percent core lists are considered, more differences appear. It can be considered fairly certain that an increase in staff size brings with it an increase in the number and level of sophistication of services offered and there is some indication as well that qualifications of staff and location in a teaching hospital also correlate with provision of more and higher level service offerings.

The evidence concerning levels of service is slighter. A research-oriented institution would, on the basis of other studies, be expected to favour document delivery and bibliographic services, while a more practice-oriented institution might be expected to prefer to get answers rather than citations. However, this latter distinction is less likely to prevail in a hospital library, probably, because of the practitioners' need to verify information at first hand. That is perhaps part of the explanation for the lack of any pronounced differences between the groups of reference or "re-active" services. The general neglect of current awareness and user orientation services is also noticeable; these, however, commonly appear among larger libraries, of which there were very few in the sample.

The findings of this survey will eventually be studied along with those of others to see what a broader perspective yields. Meanwhile, the results could be used as tentative norms for assessing to what extent a hospital library conforms to others in similar circumstances.

A copy of this report has been deposited with the Library Documentation Centre, National Library of Canada, Ottawa.

Table 2. Number and percent of libraries offering services directly or indirectly through another library

Service number	Type of service	Offered directly by library		Offered through another library		Total available	
		Number	Percent	Number	Percent	Number	Percent
1	Space provision	152	100.0	--	--	152	100.0
2	Seating for users	80	52.6	5	3.3	85	55.9
3	Carrels for users	59	38.8	22	14.5	81	53.3
4	Group study or meeting rooms						
5	Provision of materials	149	98.0	--	--	149	98.0
5a	Use of materials on the premises	143	94.1	1	0.7	144	94.7
6	Borrowing privileges	145	95.4	7	4.6	152	100.0
7	Interlibrary loans (I.L.L.)	129	84.9	11	7.2	140	92.1
8	Photocopying (other than for I.L.L.)	--	--	25	16.4	25	16.4
	Production of microforms	4	2.6	28	18.4	32	21.1
	Preparing or arranging for translations						
9	Provision of information	152	100.0	--	--	152	100.0
10	Simple reference questions	133	87.5	14	9.2	147	96.7
11	Complex reference questions	68	44.7	15	9.9	83	54.6
12	State-of-the-art reviews	110	72.4	15	9.9	125	82.2
	Referral to experts or other sources						
13	Bibliographic assistance	151	99.3	--	--	151	99.3
14	Locating requested items within or outside the library	129	84.9	7	4.6	136	89.5
15	Verifying citations	116	76.3	6	3.9	122	80.3
16	Compiling bibliographies	141	92.8	5	3.3	146	96.1
17	Manual literature searches	56	36.8	70	46.1	126	82.9
18	Automated literature searches	39	25.7	12	7.9	51	33.6
19	Editorial assistance	109	71.7	5	3.3	114	75.0
	Informal instruction in methodology & bibliography						

cont'd

(cont'd)

Service
number

Type of service

		Offered directly by library		Offered through another library		Total available	
		Number	Percent	Number	Percent	Number	Percent
	Current awareness						
20	Preparation of accessions lists	121	79.6	4	2.6	125	82.2
21	Informal current awareness	122	80.3	4	2.6	126	82.9
22	Automated selective dissemination of information (S.D.I.)	29	19.1	26	17.1	55	36.2
23	Routing periodicals	117	77.0	3	2.0	120	78.9
24	Indexing - newspapers	14	9.2	11	7.2	25	16.4
25	Indexing - other materials	56	36.8	6	3.9	62	40.8
26	Abstracting	7	4.6	11	7.2	18	11.8
27	Routing tables of contents of periodicals	101	66.4	3	2.0	104	68.4
	User orientation						
28	Provision of guides to library, collection & services	104	68.4	2	1.3	106	69.7
29	Instruction in use of library catalogues, services, tools, etc.	135	88.8	--	--	135	88.7
30	Promotion of library services	117	77.0	1	0.7	118	77.6
31	Publications	42	27.6	9	5.9	51	33.6

Table 3. Services offered by hospital libraries in Canada, according to size of staff

Service number	Type of service	Staff Size							
		0.5 - 1.9 (n = 89) No.	%	2.0 - 9.9 (n = 63) No.	%	0.5 - 4.9 (n = 140) No.	%	5 or more (n = 12) No.	%
	Space provision								
1	Seating for users	89	100.0	63	100.0	140	100.0	12	100.0
2	Carrels for users	36	40.4	44	69.8	70	50.0	10	83.3
3	Group study or meeting rooms	35	39.3	24	38.1	54	38.6	5	41.7
	Provision of materials								
4	Use of materials on the premises	87	97.8	62	98.4	137	97.9	12	100.0
5	Borrowing privileges	80	89.9	63	100.0	131	93.6	12	100.0
5a	Interlibrary loans (I.L.L.)	83	93.3	62	98.4	133	95.0	12	100.0
6	Photocopying (other than for I.L.L.)	75	84.3	54	85.7	119	85.0	10	83.3
7	Production of microforms	--	--	--	--	--	--	--	--
8	Preparing or arranging for translations	4	4.5	--	--	4	2.9	--	--
	Provision of information								
9	Simple reference questions	89	100.0	63	100.0	140	100.0	12	100.0
10	Complex reference questions	72	80.9	61	96.8	121	86.4	12	100.0
11	State-of-the-art reviews	36	40.4	32	50.8	62	44.3	6	50.0
12	Referral to experts or other sources	64	71.9	46	73.0	100	71.4	10	83.3
	Bibliographic assistance								
13	Locating requested items within or outside the library	88	98.9	63	100.0	139	99.3	12	100.0
14	Verifying citations	69	77.5	60	95.2	118	84.3	11	91.7
15	Compiling bibliographies	59	66.3	57	90.5	105	75.0	11	91.7
16	Manual literature searches	80	89.9	61	96.8	131	93.6	10	83.3
17	Automated literature searches	21	23.6	36	57.1	47	33.6	10	83.3
18	Editorial assistance	15	16.9	24	38.1	33	23.6	6	50.0
19	Informal instruction in methodology & bibliography	54	60.7	55	87.3	98	70.0	11	91.7

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(cont'd)

Service number	Type of service	0.5 - 1.9 (n = 89)		2.0 - 9.9 (n = 63)		0.5 - 4.9 (n = 140)		5 or more (n = 12)	
		No.	%	No.	%	No.	%	No.	%
20	Current awareness	67	75.3	54	85.7	110	78.6	11	91.7
21	Preparation of accessions lists	68	76.4	54	85.7	111	79.3	11	91.7
22	Informal current awareness	10	11.2	19	30.2	21	15.0	8	66.7
23	Automated selective dissemination of information (S.D.I.)	69	77.5	48	76.2	109	77.9	8	66.7
24	Routing periodicals	9	10.1	5	7.9	12	8.6	2	16.7
25	Indexing - newspapers	33	37.1	23	36.5	50	35.7	6	50.8
26	Indexing - other materials	4	4.5	3	4.8	7	5.0	--	--
27	Abstracting	57	64.0	44	69.8	93	66.4	8	66.7
	Routing tables of contents of periodicals								
28	User orientation	56	62.9	48	76.2	92	65.7	12	100.0
29	Provision of guides to library, collection & services	76	85.4	59	93.7	123	87.9	12	100.0
30	Instruction in use of library catalogues, services, tools, etc.	64	71.9	53	84.1	105	75.0	12	100.0
31	Promotion of library services	24	27.0	18	28.6	36	25.7	6	50.0
	Publications								
	Number of services offered by 90% or more of libraries	5		11		7		15	

Table 4. Services offered by hospital libraries in Canada, according to qualifications of staff

Service number	Type of service	Professionals		Specialists		Library technicians		Clerical and other	
		No.	%	No.	%	No.	%	No.	%
1	Space provision	92	100.0	18	100.0	27	100.0	15	100.0
2	Seating for users	56	60.9	10	55.6	10	37.0	4	26.7
3	Group study or meeting rooms	31	33.7	9	50.0	14	51.9	5	33.3
4	Provision of materials	92	100.0	18	100.0	25	92.6	14	93.3
5	Use of materials on the premises	87	94.6	16	88.9	25	92.6	15	100.0
5a	Borrowing privileges	91	98.9	18	100.0	23	85.2	13	86.7
6	Interlibrary loans (I.L.L.)	75	81.5	15	83.3	25	92.6	14	93.3
7	Photocopying (other than I.L.L.)	--	--	--	--	--	--	--	--
8	Production of microforms	3	3.3	--	--	1	3.7	--	--
	Preparing or arranging for translations								
9	Provision of information	92	100.0	18	100.0	27	100.0	15	100.0
10	Simple reference questions	90	97.8	15	83.3	19	70.4	9	60.0
11	Complex reference questions	50	54.3	8	44.4	8	29.6	2	13.3
12	State-of-the-art reviews	74	80.4	12	66.7	16	59.3	8	53.3
	Referral to experts or other sources								
13	Bibliographic assistance	91	98.9	18	100.0	27	100.0	15	100.0
	Locating requested items within or outside the library								
14	Verifying citations	83	90.2	15	83.3	22	81.5	9	60.0
15	Compiling bibliographies	76	82.6	13	72.2	19	70.4	8	53.3
16	Manual literature searches	85	92.4	17	94.4	24	88.9	15	100.0
17	Automated literature searches	47	51.1	7	38.9	2	7.4	1	6.7
18	Editorial assistance	32	34.8	1	5.5	4	14.8	2	13.3
19	Informal instruction in methodology & bibliography	75	81.5	13	72.2	16	59.3	5	33.3

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Service number	Type of service	Professionals		Specialists		Library technicians		Clerical and other	
		No.	%	No.	%	No.	%	No.	%
20	Current awareness								
21	Preparation of accessions lists	76	82.6	14	77.8	20	74.1	11	73.3
22	Informal current awareness	80	87.0	15	83.3	19	70.4	8	53.3
	Automated selective dissemination of information (S.D.I.)	26	28.3	2	11.1	1	3.7	--	--
23	Routing periodicals	67	72.8	16	88.9	20	74.1	14	93.3
24	Indexing - newspapers	7	7.6	3	16.7	2	7.4	2	13.3
25	Indexing - other materials	31	33.7	7	38.9	12	44.4	6	40.0
26	Abstracting	1	1.1	3	16.7	2	7.4	1	6.7
27	Routing tables of contents of periodicals	63	68.5	13	72.2	16	59.3	9	60.0
28	User orientation								
	Provision of guides to library, collection & services	66	71.7	10	55.6	16	59.3	12	80.0
29	Instruction in use of library catalogues, services, tools, etc.	87	94.6	14	77.8	22	81.5	12	80.0
30	Promotion of library services	74	80.4	11	61.1	22	81.5	10	66.7
31	Publications	25	27.2	4	22.2	9	33.3	4	26.7

Table 5. Percentages of staff by size and qualification in hospitals of varying bed size

<u>Staffing</u>	NUMBER OF BEDS				
	<u>Under 150</u> <u>(n = 17)</u>	<u>150-299</u> <u>(n = 29)</u>	<u>300-499</u> <u>(n = 51)</u>	<u>500-699</u> <u>(n = 28)</u>	<u>700 or more</u> <u>(n = 17)</u>
<u>Size of Staff</u>					
0.5 - 1.9	88.2	62.1	68.6	35.7	11.7
2.0 - 4.9	11.8	37.9	27.5	53.6	47.1
5.0 or more	---	---	3.9	10.7	41.2
<u>Qualifications</u>					
Professionals	58.8	37.9	56.9	67.9	94.1
Other	41.2	62.1	43.1	32.1	5.9

Table 6. Services requested most often by users of Canadian hospital libraries

Service number	Type of Service	Responses	
		Number	Percent (n = 152)
	<u>Space provision</u>		
1	Seating for users	5	3.3
2	Carrels for users	1	0.7
3	Group study or meeting rooms	2	1.3
	<u>Provision of materials</u>		
4	Use of materials on the premises	41	27.0
5	Borrowing privileges	52	34.2
5a	Interlibrary loans (I.L.L.)	103	67.8
6	Photocopying (other than for I.L.L.)	48	31.6
7	Production of microforms	--	--
8	Preparing or arranging for translations	--	--
	<u>Provision of information</u>		
9	Simple reference questions	81	53.3
10	Complex reference questions	45	29.6
11	State-of-the-art reviews	4	2.6
12	Referral to experts or other sources	6	3.9
	<u>Bibliographic assistance</u>		
13	Locating requested items within or outside the library	67	44.1
14	Verifying citations	9	5.9
15	Compiling bibliographies	14	9.2
16	Manual literature searches	59	38.8
17	Automated literature searches	47	30.9
18	Editorial assistance	2	1.3
19	Informal instruction in methodology and bibliography	2	1.3
	<u>Current awareness</u>		
20	Preparation of accessions lists	2	1.3
21	Informal current awareness	13	8.6
22	Automated selective dissemination of information (S.D.I.)	--	--
23	Routing periodicals	30	19.7
24	Indexing - newspapers	--	--
25	Indexing - other materials	6	3.9
26	Abstracting	1	0.7
27	Routing tables of contents of periodicals	16	10.5
	<u>User orientation</u>		
28	Provision of guides to library, collection and services	4	2.6
29	Instruction in use of library catalogues, services, tools, etc.	11	7.2
30	Promotion of library services	--	--
31	Publications	--	--

Figure 1. Services provided by 90 percent or more of hospital libraries, by size of staff

Service number	Type of service	Staff Size			
		0.5 - 1.9	2.0 - 9.9	0.5 - 4.9	5 or more
1	Space provision				
	Seating for users	x	x	x	x
4	Provision of materials				
5	Use of materials on the premises	x	x	x	x
5a	Borrowing privileges		x	x	x
	Interlibrary loans (I.L.L.)	x	x	x	
9	Provision of information				
10	Simple reference questions	x	x	x	x
	Complex reference questions		x		x
13	Bibliographic assistance				
	Locating requested items within or outside the library	x	x	x	x
14	Verifying citations		x		x
15	Compiling bibliographies		x		x
16	Manual literature searches		x		
19	Informal instruction in methodology & bibliography			x	x
20	Current awareness				
21	Preparation of accessions lists				x
	Informal current awareness				x
28	User orientation				
	Provision of guides to library, collection & services				x
29	Instruction in use of library catalogues, services, tools, etc.		x		x
30	Promotion of library services				x
Number of services		5	11	7	15

Figure 2. Services offered by 90 percent or more of hospital libraries in Canada, according to qualifications of staff

Service number	Type of service	Type of Staff				All other
		Professional	Specialist	Library technician	Clerical /other	
1	Space provision Seating for users	x	x	x	x	x
4	Provision of materials					
5	Use of materials on the premises	x	x	x	x	x
5a	Borrowing privileges	x	x	x	x	x
6	Interlibrary loans (I.L.L.) Photocopying (other than for I.L.L.)	x	x	x	x	x
9	Provision of information					
10	Simple reference questions Complex reference questions	x x	x	x	x	x
13	Bibliographic assistance Locating requested items within or outside the library	x	x	x	x	x
14	Verifying citations	x			x	
16	Manual literature searches	x	x		x	x
23	Current awareness Routing periodicals				x	
29	User orientation Instruction in use of library catalogues, services, tools, etc.	x			x	
	Total services	10	6	6	8	8

Figure 3. Services offered by 90 percent or more of teaching and non-teaching hospital libraries in Canada

<u>Service number</u>	<u>Type of Service</u>	<u>Teaching hospital</u>	<u>Non-teaching hospital</u>	<u>Basic services</u>
1	<u>Space provision</u> Seating for users	x	x	x
4	<u>Provision of materials</u> Use of materials on the premises	x	x	x
5	Borrowing privileges	x	x	x
5a	Interlibrary loans (I.L.L.)	x	x	x
9	<u>Provision of information</u> Simple reference questions	x	x	x
10	Complex reference questions	x		
13	<u>Bibliographic assistance</u> Locating requested items within or outside the library	x	x	x
14	Verifying citations	x		
16	Manual literature searches	x	x	x
	Total services	9	7	7

Figure 4. Services offered by 90 percent or more of Canadian hospital libraries, grouped by number of beds in the parent institution

Service number	Type of service	Number of beds				
		Under 150	150-299	300-499	500-699	700 or more
1	Space provision Seating for users	x	x	x	x	x
4	Provision of materials					
5	Use of materials on the premises	x	x	x	x	x
5a	Borrowing privileges		x	x	x	x
6	Interlibrary loans (I.L.L.)	x	x	x	x	x
	Photocopying (other than for I.L.L.)		x			
9	Provision of information					
10	Simple reference questions	x	x	x	x	x
	Complex reference questions			x		x
13	Bibliographic assistance					
14	Locating requested items within or outside the library	x	x	x	x	x
15	Verifying citations					x
16	Compiling bibliographies					x
19	Manual literature searches		x	x	x	x
	Informal instruction in methodology & bibliography					x
21	Current awareness					
23	Informal current awareness Routing periodicals		x			x
29	User orientation					
30	Instruction in use of library catalogues, services, tools, etc. Promotion of library services			x		x
Total services		5	9	9	7	14

Figure 5. Services named by 20 percent or more of Canadian hospital libraries as being those most often requested by users

Service number	Type of service	Type of Staff				Size of Staff		Hospital Type	
		All	Prof.	Spec.	Lib. tech.	Cler.	0.5-1.9	2.0-9.9	Teaching Other
4	Provision of materials								
5	Use of materials on the premises	x	x			x	x	x	x
5a	Borrowing privileges	x	x		x	x	x	x	x
6	Interlibrary loans (I.L.L.)	x	x	x	x	x	x	x	x
	Photocopying (other than for I.L.L.)	x	x	x	x	x	x	x	x
9	Provision of information								
10	Simple reference questions	x	x	x	x	x	x	x	x
	Complex reference questions	x	x	x			x	x	x
13	Bibliographic assistance								
16	Locating requested items within or outside the library	x	x	x		x	x	x	x
17	Manual literature searches	x	x	x	x	x	x	x	x
	Automated literature searches	x	x				x	x	
23	Current awareness								
	Routing periodicals			x	x	x	x		x
Total services		9	9	7	6	9	10	9	9

USER SERVICES OFFERED BY SPECIAL LIBRARIES/INFORMATION CENTRES -- A SURVEY

1985

Please complete and return by April 15, 1985 if possible to B.L. Anderson, 175 Bronson Avenue, Apt. 601, Ottawa, Ontario K1R 6H2.

In completing the questionnaire, consider that a service is being provided if it is given an average of at least once-a month (i.e. 12 or more times a year) to the library's authorized users.

- I. Place a tick in Column A if the service is available to your users from the staff of your library/information centre.

Place a tick in Column B if the service is available through your library/information centre BUT is provided by another library (e.g. a head office library) or by consultants, information brokers, etc.

A	B	Type of Service
---	---	-----------------

Space provision

- | | | | |
|---|-----|-----|------------------------------|
| 1 | ... | ... | Seating for users |
| 2 | ... | ... | Carrels for users |
| 3 | ... | ... | Group study or meeting rooms |

Provision of materials

- | | | | |
|----|-----|-----|---|
| 4 | ... | ... | Use of materials on the premises |
| 5 | ... | ... | Borrowing privileges |
| 5a | ... | ... | Interlibrary loans |
| 6 | ... | ... | Photocopying (other than for I.L.L.) |
| 7 | ... | ... | Production of microforms |
| 8 | ... | ... | Preparing or arranging for translations |

Provision of information

- | | | | |
|----|-----|-----|--------------------------------------|
| 9 | ... | ... | Simple reference questions |
| 10 | ... | ... | Complex reference questions |
| 11 | ... | ... | State-of-the-art reviews |
| 12 | ... | ... | Referral to experts or other sources |

A B

Type of Service

Bibliographic assistance

- | | | |
|--------|-----|--|
| 13 ... | ... | Locating requested items within or outside the library |
| 14 ... | ... | Verifying citations |
| 15 ... | ... | Compiling bibliographies |
| 16 ... | ... | Manual literature searches |
| 17 ... | ... | Automated literature searches |
| 18 ... | ... | Editorial assistance |
| 19 ... | ... | Informal instruction in methodology & bibliography |

Current Awareness

- | | | |
|--------|-----|--|
| 20 ... | ... | Preparation of accessions lists |
| 21 ... | ... | Informal current awareness notifications |
| 22 ... | ... | Automated selective dissemination of information |
| 23 ... | ... | Routing periodicals |
| 24 ... | ... | Indexing -- newspapers |
| 25 ... | ... | Indexing -- other materials |
| 26 ... | ... | Abstracting |
| 27 ... | ... | Routing tables of contents of periodicals |

User Orientation

- | | | |
|--------|-----|---|
| 28 ... | ... | Provision of guides to library, collection & services |
| 29 ... | ... | Instruction in use of library catalogues, services, tools, etc. |
| 30 ... | ... | Promotion of library services |
| 31 ... | ... | Publications |
| 32 ... | ... | <u>Other</u> (specify) |

II. Please list the numbers of the five services you are called upon to provide most frequently.

.....

III. In the spaces provided below, please give the number of staff in your library. Record each person in only one category, so that the sum of the numbers is the total of staff.

	<u>Number full-time</u>		<u>Number part-time</u>	
	30 hours/week or more		15-29 hrs.	Less than 15 hours
<u>Type of Staff</u>				
Librarians (i.e. with library science degrees)				
Specialists (i.e. with subject but not library degrees)				
Library technicians (i.e. graduates of a technician program)				
Clerical assistants, typists, etc.				
Other (specify)				

THANK YOU!

* The Editors wish to thank the Council of Federal Libraries for allowing reproduction of their designated list of library services.

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COMMENTS ON THE REPORT ON SERVICES OFFERED BY HOSPITAL LIBRARIES IN CANADA

Anitra Laycock

Director, Health Services Library
Halifax Infirmary

The report on the survey of services provided by hospital libraries is one of a series of investigations of special library services in Canada undertaken by the author. The purpose of these surveys has been to determine whether core lists of services can be identified. A core list comprises those services provided by at least 90% of a study group. Core lists of the groups under investigation will be compared on completion of the study.

Since the investigation is designed to be comparative there has been little modification of the basic questionnaire to suit the hospital library milieu. For the same reason, results are expressed in terms which allow direct comparison with previous surveys in the series and may not always best represent levels of service available. This is not a study designed specifically with the hospital library in mind. Rather, hospital libraries form a readily identifiable group of special libraries which can be conveniently included in a comparative survey. Nor is this an in-depth survey. It is a simple checklist quite open to misinterpretation as the author freely admits.

Despite the above caveats, this would appear to be a very useful survey. A wide range of hospital libraries from across the country were included and a core of basic information has emerged whose reliability is attested by the consistency of responses. However, we must examine the results from their own viewpoint and interpret them in a manner which will best represent the hospital library environment.

Hospital libraries, more often than not, are low budget departments with a small staff in cost-conscious institutions, and have developed a reliance on external sources, within and without the hospital, to expand their range of services. The networks which have evolved, formally and informally, based primarily on medical school libraries, have allowed services such as complex reference and automated literature searching to be as integral a part of the hospital library service as interlibrary loan. Within the hospital it is not cost-effective to place a photocopier in every department so that in many small hospital libraries photocopying services are available, but indirectly, from a machine in another department or from a centralized service. Such indirect services, excluded from the survey core list must, I believe, be included in our analysis. In most tables and calculations of the report only directly offered services are included "in order to produce tables comparable to those in other survey reports." With the inclusion of indirect service, the core list of services provided by more than 90% of Canadian hospital libraries surveyed is increased from seven to nine by the addition of complex reference and non-I.L.L. photocopying.

Not discussed in the report, but of interest to hospital librarians, is the highly significant contribution of outside sources, primarily medical school libraries, to the provision of automated literature searches in the hospital library. Although only 36.8% of hospital libraries offer this service directly, an additional 46.1% are able to provide the service through another library. As a result a total of 82.9% of the libraries surveyed can provide on-line searches for their users and we can anticipate that this will become a core service of hospital libraries in the not too distant future.

Perhaps surprising to some of us must be our less than impressive performance in providing basic current awareness and user orientation services, particularly in view of the time we have devoted in recent years to discussing the provision of more sophisticated services such as clinical librarianship programs, LATCH, and consumer and patient education.

It is a disappointment that the opportunity was missed to examine core levels of service in relation to the hospital categories established in the **Canadian Standards for Hospital Libraries**. This would have provided valuable insight on their usefulness at a time when the standards are due for revision. Survey participants, provided with the category descriptions would have had little trouble assigning themselves. As it stands the survey goes no further than to reiterate what we already know: i.e. that bed size is not a reliable indicator for determination of library services.

Comparing the services most requested by users to the core list of services provided, the report concludes that "a fair number of libraries are not commonly supplying some of the more sophisticated reference and current awareness services that are wanted by their users". This conclusion is misleading, based as it is on a core list which excludes services which, in fact, are being provided - albeit indirectly. If, instead, a comparison is made between the nine core services we establish by including indirect services and the nine most requested services it is found that eight of the nine correspond. Automated literature searching was the one requested service not provided as a core service although we are certainly approaching that level. The core service provided but not featured among the top nine requested was, understandably, seating.

The routing of periodicals receives attention in the report as a requested need (ranked 10th) which is not being met. This is not a simple issue. In the hospital library the question of whether to route periodicals or contents pages or, selectively, both, depends on a number of factors. For a truer picture of the status quo one would like to be able to assess results of the combined question viz: - routing periodicals and/or tables of contents.

In conclusion, this report is of great service to us in establishing a minimum core of nine services which we can reasonably expect hospital libraries to provide. It is also clear that there are an additional seven services already provided by 80-89% of hospital libraries which we can all aim to provide. Other services, available to a lesser extent, are probably more dependent on the nature of the institution and on levels of staffing. A few services, such as the production of microforms, indexing of newspapers, and abstracting aroused little interest among providers or users.

REVIEW OF THE ANDERSON SURVEY

Margaret Taylor**Director of Library Services
Children's Hospital of Eastern Ontario**

Beryl Anderson's report on her survey of services offered by hospital libraries in Canada was of great interest to me from three different perspectives. First, I am a hospital librarian, and therefore am curious to know how my library's slate of services compares to the core list. As I am a professional librarian in a teaching hospital with a medium sized staff (4.75), I was glad to see that Miss Anderson had investigated the relationships between size of hospital, type of hospital, size of library staff and qualifications of library staff;... and number of services provided, because it made comparisons with libraries in similar institutions easier and more meaningful. The only correlation lacking from my point of view as a hospital librarian, was a comparison of specialty hospitals, e.g. pediatric, mental health, long-term care etc. with general hospitals. I would have like to know whether specialty hospitals have a greater range or concentration of services. It would also have been interesting to know whether the internal reporting structure (i.e. the place of the library within the hospital hierarchy) had any correlation with services provided. I suspect that libraries which report to the Administration through other departments such as Professional Development or Medical Records may place a different emphasis on certain services than libraries which operate as independent departments.

From my perspective as a doctoral student in library science, I was happy to see the methodology explained in some detail (many surveys fail to do this) and especially to see the library selection mechanism explained. Using hospital library directories to select subjects may have biased the sample somewhat in that the active Library Association members may have a different service orientation than those libraries which ignore all professional associations. However, I appreciated Miss Anderson's comments on her methodology and her candour about methodological problems with surveys, especially her misgivings about having been unable to include with her survey explanations and a list of definitions and the difficulties that arose from that omission. Indeed, I remember filling out Miss Anderson's questionnaire and wondering whether what she meant by state-of-the-art reviews was the same as my interpretation.

As a librarian researcher, I was also pleased that she chose to study hospital libraries because while hospital libraries seem to be often neglected in research of the special library community they are usually among the most productive (if not overworked) and innovative of service providers. From that standpoint, I might have preferred a more open-ended approach to questions on the types of services rather than the use of the same list of services from the C.F.L. survey. However, I appreciate the need to use the same list for comparative purposes.

Responding as an executive member of a hospital library association, I am excited about the prospect of using the results of this survey to develop basic library management courses for our members; to help our members identify standards in quality assurance programs, and to know what might be expected in accreditation surveys; and to use the results to lobby certain hospital administrators to supply the manpower and resources to their librarians in order to offer the 90% core list of services. I have

found that one of the most successful approaches in obtaining resources is to say "but almost all libraries do this... or have that..." I would like to see another survey focus on staffing, budget and equipment so that hospital librarians could develop a 90% core resources list as well.

In summary, I was pleased to receive Miss Anderson's report and will find many uses for it as a student, as a hospital library manager and as a library association executive. However, I think we should consider it as only the first step in a series of research projects on hospital librarianship. I would like to see the reasons for variations in the number of services offered investigated and would like to know why the '500-699 bed' group was an anomaly. I would like to know more about the availability in Canadian hospitals of those library services unique to the health environment such as bibliotherapy and consumer health education. Miss Anderson's study raises many issues for us to pursue within our association and within our individual libraries and hospitals.

CALL FOR PAPERS

End-user Searching will be the focus of **BMC**, Vol. 7, No. 5 for which the copy deadline is April 3, 1986. Readers are invited to submit articles on any aspect of this topic and, as always, are encouraged to wax lyrical upon health library information matters that might be of interest to members of C.H.L.A. Manuscripts are music in your editor's ears; keep them coming, please.

In preparation for Volume 8 readers are asked also to submit suggestions for theme issues. It is apparent that the response to single-focus issues has been excellent - two issues this year have gone out-of-print, despite the printing of additional copies - and the approach is also helpful to the editors. Please make your ideas known to Tom Fleming.

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Marilyn E. Schafer
Head, Health Sciences Resource Centre

News and Notes

You will be hearing a male voice answer the phone frequently in H.S.R.C. from now until the fall. It belongs to Peter Le Roy who joined us on December 30, 1985 and will be replacing Dianne Kharruba when she goes on maternity leave in late February. We wish Dianne well and are pleased to welcome Peter to our staff.

The 15th Edition of **Canadian Locations of Journals Indexed in Medlars** is currently in preparation and will be ready for distribution in the late spring as usual. Sales of this publication have declined drastically even though we have made improvements to it. H.S.R.C. would appreciate hearing from anyone with comments about the list, as we shall seriously re-evaluate producing another edition should sales decline again this year.

MEDLARS SDI

Most MEDLARS Centres run AUTOSDI, automatic selective dissemination of information profiles for their own clientele, but those who are not Centres still have access to this personalized current awareness service through H.S.R.C. Via MEDLARS S.D.I. the latest references on the requested topic are received regularly and automatically.

The trained information specialists in the H.S.R.C. will construct, in consultation with you, a search profile consisting of key words, phrases, and author names which best describe your information requirements. The appropriate databases and the desired print formats are selected. The profile is matched against each update of your databases and print-outs are sent out monthly. There is no need for a computer terminal or knowledge of computer searching and the profile can be modified at any time to reflect changing information needs.

Databases available are:

MEDLINE, referred to as SDILINE for the S.D.I. service, this file contains biomedical references from journals published in the U.S. and in other countries.

HEALTH, (Health Planning and Administration) focuses on health planning, organization, financing, management, manpower and related subjects.

CANCERLIT (CANCER LITerature) is sponsored by the U.S. National Cancer Institute. It includes references to selected journals, monographs, meeting papers, reports and theses, all with English abstracts.

TOXLINE[®] (TOxicology OnLINE) contains references on human and animal toxicity studies, effects of environmental chemicals and pollutants, and adverse drug reactions. References are taken from a number of secondary sources including Chemical Abstracts and Biological Abstracts.

POPLINE (POPulation information OnLINE) covers population studies, family planning, and related health, legal and policy issues. References are selected from a number of different types of publications.

AVLINE (AudioVisuals OnLINE) contains records of the book and serial holdings of N.L.M. In addition to providing authoritative cataloguing information, it is a useful source of ordering information.

CATLINE^(R) (CATalog OnLINE) contains records of the book and serial holdings of N.L.M. In addition to providing authoritative cataloguing information, it is a useful source of ordering information.

Should you have any questions or comments on anything relating to the work of the H.S.R.C. call (613) 993-1604 or write to:

Health Sciences Resource Centre
Canada Institute for Scientific and
Technical Information
National Research Council Canada
Ottawa, Ontario K1A 0S2
Telex: 053-3115
Envoy 100: CISTI.HSRC

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ

Nouvelles

Une voix d'homme répondra souvent au téléphone du CBSS au cours des mois à venir. Cette voix appartient à Peter Le Roy qui s'est joint à nous le 30 décembre dernier afin de remplacer Dianne Kharouba qui nous quitte, encore une fois, pour un congé de maternité jusqu'à l'automne prochain. Nous félicitons Dianne et nous sommes heureux de compter Peter parmi nous.

La préparation de la 15e édition de la publication **Dépôts canadiens des revues indexées pour MEDLINE** est en cours et devrait paraître, comme d'habitude, à la fin du printemps. Les ventes de cette publication ont baissé massivement, même si son contenu a été amélioré. Le CBSS aimerait entendre vos commentaires au sujet de ce répertoire car nous allons réévaluer sérieusement la nécessité de produire cette publication si les ventes déclinent encore cette année.

MEDLARDS SDI

La plupart des centres MEDLARS effectuent des AUTOSDI ou passent des profils de diffusion sélective automatique de l'information (DSI) pour leurs clients, mais ceux qui ne sont pas des centres ont quand même accès à ce service d'information courante par le CBSS. Par l'entremise du MEDLARS SDI, vous pouvez recevoir régulièrement et automatiquement les plus récentes références dans vos champs d'intérêts.

Les spécialistes en information du CBSS rédigent avec vous le profil de recherche, composé de mots-clés, de locutions et de noms d'auteurs, qui décrit le mieux vos besoins documentaires. Les fichiers et les formats d'impression appropriés sont choisis. Le profil est comparé aux mises à jour des fichiers choisis et vous recevez les sorties d'imprimante à tous les mois. Il n'est pas nécessaire d'avoir un terminal ou de connaître la recherche informatisée. De plus, votre profil peut être modifié à mesure que vos besoins documentaires évoluent.

Les bases de données disponibles:

MEDLINE: qu'on appelle aussi SDILINE quand il s'agit du service DSI, englobe des références tirées de revues biomédicales publiées aux États-Unis et dans d'autres pays.

HEALTH: le fichier Health Planning and Administration recense principalement les références sur la planification, l'organisation, la dotation, la gestion, le personnel des soins de santé, et autres questions connexes.

CANCERLIT: le fichier CANCER LITerature, parrainé par le U.S. National Cancer Institute (NCI), englobe des références à des revues, de même qu'à un choix de monographies, de comptes rendus, de rapports, d'exposés et thèses. Toutes les références ont un résumé en anglais.

TOXLINE: le fichier TOXicology Information OnLINE englobe des références à des études de la toxicologie chez l'homme et l'animal, les effets de substances chimiques et d'agents de pollution dans l'environnement, ainsi que sur les effets nocifs des médicaments. Les références sont puisées d'un nombre de sources de seconde main, dont les Biological Abstracts et les Chemical Abstracts.

POPLINE: le fichier POPulation Information OnLINE recense des études démographiques et de contrôle des naissances et les questions de santé, de droit et de politique connexes. Les références sont choisies dans divers genres de publication.

AVLINE: le fichier AudioVisuals OnLINE comprend les références aux audiovisuels conservés par la NLM.

CATLINE: le CATalog OnLINE contient les références de livres et des publications en séries, conservées par la NLM. En plus de fournir des information de catalogage qui font autorité, ce fichier est une source fiable d'information pour commander des ouvrages.

Si vous avez des questions ou des commentaires à formuler au sujet du travail du CBSS, veuillez téléphoner au (613) 993-1604 ou écrire à l'adresse suivante:

Centre bibliographiques des sciences
de la santé,
Institut canadien de l'information
scientifique et technique,
Conseil national de recherches Canada
Ottawa, Ontario K1A 0S2
No de téléc: 053-3115
Envoy 100: CISTI.HSRC

CHLA CONFERENCE - June 15-18, 1986

The 10th Annual Meeting of the CHLA will be held in Montreal, Quebec.

Montreal was founded in 1535 by Jacques Cartier, and is located on an island in the St. Lawrence River.

The city's mayor, Jean Drapeau, put Montreal in the limelight by bringing Expo '67 and the 1976 Olympic Games to it.

When visiting Montreal, you will find there are many things to do and see. Are you a gourmet? There are restaurants to suit every budget and palate. If shopping is your thing, Montreal is THE place for you: there are many boutiques displaying everything from nuts and bolts to the latest fashions.

Your stay will not be complete without a visit to Old Montreal which is famous for its historic sites and restaurants. You should also see Notre-Dame Cathedral and Saint Joseph's Oratory. Mount Royal promises a spectacular view of the downtown area.

For museum goers, may we suggest the Montreal Museum of Fine Arts, the Chateau Ramzay and the McCord Museum?

The International Fireworks Competition is scheduled to take place May 23 to June 19, 1986, and the Penjing and Bonsai Collection of the Montreal Botanical Gardens will be opened to the public.

We hope you will enjoy your stay!

La 10eme Assemblée Annuelle de l'ABSC aura lieu à Montréal, Québec du 15 au 18 juin 1986.

Fondée par Jacques Cartier en 1535, la ville de Montréal est située sur une île dans le fleuve Saint-Laurent.

Grâce aux efforts déployés par son maire, Jean Drapeau, Montréal a acquis une renommée mondiale quand l'Expo '67 et les Jeux Olympiques de 1976 y ont eu lieu.

Lors de votre visite, vous trouverez qu'il y a une foule de choses à faire et à voir. Êtes-vous un gourmet? Il y a des restaurants pour satisfaire tous les goûts et tous les budgets. Si vous aimez faire les magasins, vous serez bien servi(e) car Montréal a une multitude de boutiques.

Vous ne pourrez prétendre bien connaître la ville si vous ne visitez pas le Vieux-Montréal, réputé pour ses sites historiques et ses restaurants. L'Église Notre-Dame et l'Oratoire Saint-Joseph sont deux monuments à ne pas manquer. Vous pourrez aussi admirer la vue du centre-ville du haut du Mont-Royal.

Pour les amateurs de musées, peut-on suggérer le Musée des Beaux-Arts, le Chateau Ramzay et le Musée McCord.

Le Concours International de Feux d'Artifices aura lieu à Montréal du 23 mai au 19 juin 1986, et la Collection Penjing et Bonsai du Jardin Botanique sera ouverte au public.

CANADIAN HEALTH LIBRARIES ASSOCIATION/L'ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE

PRELIMINARY PROGRAM

10TH ANNUAL MEETING

June 15-18, 1986

Place: Holiday Inn, 420 Sherbrooke W., Montreal, Quebec

Theme: In Pursuit of Excellence

Saturday June 14, 1986

13:00 - 18:00 Board of Directors Meeting

Sunday June 15, 1986

08:00 - 09:00 Registration

CONTINUING EDUCATION COURSES

09:00 - 16:00 CE 10 Achieving Excellence
Chuck Reaves
Career Track, Atlanta, Ga.

08:30 - 17:00 CE 11 Designing Online Education for Medical End-Users
Bonnie Snow
Dialog Biomedical Information Specialists,
Philadelphia, Pa.

17:30 - 18:30 Registration

18:00 - 20:00 Welcoming Reception - Atrium, Maison Alcan

Monday June 16, 1986

08:00 - 17:00 Registration

09:00 - 09:15 Welcome
Hanna Waluzyniec, Conference Chairperson
Diana Kent, CHLA/ABSC President
Dr. R.L. Cruess, Dean, Faculty of Medicine
McGill University

Session I**IN SEARCH OF EXCELLENCE IN HEALTH CARE**

09:15 - 10:00 Keynote Address:
Legal and Ethical Imperatives - Impediments or Safeguards?
Professor Margaret A. Somerville
McGill University

10:00 - 10:30 Exhibits Opening
Coffee/Juice served in Salon D

10:30 - 11:45

AIDS: An information perspective
Dr. Norbert Gilmore, Chairman
National Advisory Committee on AIDS

Ethical Issues in Librarianship
Professor Bruce Cook, Ph.D.
Laval University

11:45 - 13:30

Lunch

13:30 - 15:00

Invited Papers (15-20 minutes each)

Career Change: One Librarian's Perspective
Kathryn Vaughn, Director
Ambulatory Services, Montreal General Hospital

The Osler Library: A Collection and a Context
Faith Wallis, Ph.D., History of Medicine Librarian
Osler Library, McGill University

Tokyo, 1985 - A Report on the 5th International
Congress on Medical Librarianship
Frances Groen
Life Sciences Area Librarian, McGill Library

Description des objectives et de l'évolution du réseau des bibliothèques de santé de la région saguenay Lac St. Jean
Danielle Saucier, Bibliotechnicienne
Bibliothèque médicale institut Roland Saucier
Chicoutimi, Quebec

15:00 - 15:30

Coffee/Juice in Exhibit Area

Session II

ISSUES IN TECHNOLOGY

15:30 - 17:00

Optical Disc and its Applications
Roddy Duchesne
Senior Network Officer, Office of Network Development
National Library of Canada

Optical Disc Demonstration (tentative)

Bibliofiches
James Watts

18:00 -

Banquet - La Tour Doree Restaurant

Tuesday June 17, 1986

08:00 - 17:00

Registration

Session III

ISSUES IN MANAGEMENT

09:00 - 10:00

The Value of Library Services
Defence Strategies During Cutbacks
Donald W. King, President
King Associates Inc., Rockville, Maryland

10:00 - 10:30 Coffee/Juice in Exhibit Area

Session IV

ISSUES IN CLIENT SERVICES

10:30 - 10:45

Le rôle du groupe d'intérêt des bibliothèques de la santé de l'ASTED

Louise Deschamps, Hôpital Notre Dame
Présidente du groupe d'intérêt des bibliothèques de la
santé de l'association pour l'avancement des sciences et
des techniques de la documentation

10:45 - 12:15

PANEL ON END USER SEARCHING

Moderator - Dorothy Fitzgerald
Director, Health Sciences Library, McMaster University

The Database Vendor's Perspective
Julie Quain, BRS/Saunders Colleague

The Gateway: a new online development
Alain Slakmon, INET, Telecom Canada

The End User's Perspective
Speaker to be announced

The Librarian's Perspective
Michael Tennenhouse, University of Manitoba

Results of C.H.L.A. Questionnaire
Joanne Marshall

12:15 - 13:45

Lunch

13:45 - 14:00

Door Prize Drawing

14:00 - 15:00

Annual General Meeting

15:00 - 15:15

Coffee/Juice Break

15:15 - 16:15

CISTI Update

Wednesday June 18, 1986

CONTINUING EDUCATION COURSES

09:00 - 17:00

CE 12 Software evaluation

09:00 - 12:00

MEDLINE: An advance Strategy Seminar
Susanne Maranda
CISTI, Ottawa

09:00 -

Board of Directors Meeting

L'ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE

PROGRAMME PROVISOIRE

10e ASSEMBLEE ANNUELLE
DU 15 AU 18 JUIN, 1986

Lieu: Holiday Inn, 420 Sherbrooke O., Montreal, P.Q.

Theme: A la poursuite de l'excellence

Samedi 14 juin, 1986

13:00 - 18:00 Reunion du conseil d'administration

Dimanche 15 juin, 1986

08:00 - 09:00 Inscription

COURS DE FORMATION PROFESSIONNELLE

- 09:00 - 16:00
1. Réalisation de l'excellence
Chuck Reaves
Career Track, Atlanta, Ga.
 2. Planifier l'enseignement par l'utilisateur médical
Bonnie Snow
Dialog Biomedical Information Specialists
Philadelphia, Pa.

17:30 - 18:30 Inscription

18:00 - 20:00 Reception - Atrium, Maison Alcan

Lundi 16 juin, 1986

08:00 - 17:00 Inscription

09:00 - 09:30 Discours de bienvenue
Hanna Waluzyniec, Présidente de la conférence
Diana Kent, Présidente de L'ABSC/CHLA
Dr. R.L. Cruess, Doyen de la faculté de médecine
Université McGill

Session I**A LA RECHERCHE DE L'EXCELLENCE DANS LES SOINS DE LA SANTE**

09:30 - 10:00 Conférencier d'honneur
Les obligations d'ordre moral et légal -
des obstacles ou des garanties
Professeur Margaret A. Somerville
Université McGill

10:00 - 10:15 Questions

- 10:15 - 11:00 Ouverture de l'exposition
Café/jus offerts au Salon D
- 11:00 - 11:30 SIDA: séance d'information
Dr. Norbert Gilmore
Président du comité consultatif national sur la SIDA
- 11:30 - 11:45 Questions
- 11:45 - 13:30 Diner
- 13:30 - 15:00 Conferenciers invites (15-20 minutes chacun)
- Changement de carrière: point de vue d'une bibliothécaire
Kathryn Vaughn
Directeur, Services Ambulatoires
Hôpital Général de Montréal
- Histoire de la médecine à la bibliothèque Osler
Faith Wallis, Ph.D.
Bibliothèque Osler, Université McGill
- Rapport de la 5e conférence CIBM à Tokyo en 1985
Frances Groen
Bibliothèque des Sciences de la Vie, Université McGill
- Autres - a venir
- 15:00 - 15:30 Café/jus au salon des exposants

Session II**LE POINT EN TECHNOLOGIE**

- 15:30 - 16:00 Les disques optiques et leur applications
Roddy Duchesne
Agent supérieur de réseaux
Bureau de développement des réseaux
Bibliothèque Nationale du Canada
- 16:00 - 16:15 Questions
- 16:15 - 17:00 Démonstration des disques optiques (provisoire)
- 18:00 - Banquet - Restaurant La Tour Dorée

Mardi 17 juin, 1986

- 08:00 - 17:00 Inscription

Session III**LE POINT EN GESTION**

- 09:00 - 09:45 Importance des services de la bibliothèque
L'autodifense en période de restrictions budgétaires
Donald W. King
Président, King Associates Inc.
Rockville, Maryland

09:45 - 10:00	Questions
10:00 - 10:30	Café/jus au salon des exposants

Session IV**LE POINT SUR LES SERVICES A LA CLIENTELE TABLE-RONDE SUR L'INTERROGATION DES SYSTEMES**

10:30 - 11:30	1. Président d'assemblée Dorothy Fitzgerald Directrice de la Bibliothèque des sciences de la santé Université McMaster
	2. Point de vue d'un vendeur de bases données Julie Quain BRS/Saunders Colleague
	3. Les logiciels de communication à valeur ajoutée: une nouveauté en téléconférence Alain Slakmon INET, Telecom Canada
	4. Résultat du questionnaire de l'ABSC Joanne Marshall
	5. Point de vue de l'utilisateur ultime Conférencier sera annoncé

Questions

11:30 - 12:00	Causerie en français
12:15 - 13:45	Diner
13:45 - 14:00	Tirage du prix de présence
14:00 - 15:00	Assemblée Générale Annuelle
15:00 - 15:15	Café/jus
15:15 - 16:15	Nouvelles de l'ICIST

Mercredi 18 juin, 1986**COURS DE FORMATION PROFESSIONNELLE**

09:00 - 17:00	1. Evaluation du logiciels Conférencier sera annoncé
09:00 - 12:00	2. MEDLINE: séminaire de recherche avancé Susanne Maranda CISTI, Ottawa
09:00 -	Reunion du conseil d'administration

MANITOBA NEWS

Natalia Pohorecky

Isobel Steedman, one of the founders of the Manitoba Health Libraries Association, retired as Librarian of the Manitoba Cancer Treatment and Research Foundation Library, in November, 1984. Among the receptions honoring Isobel, was the Manitoba Health Libraries Association social event held on June 27, 1985, upon Isobel's return from a holiday in Scotland. At this special occasion the Association expressed its genuine appreciation of Isobel's numerous and valuable contributions to the founding and subsequent success of the Association.

Ada Ducas, formerly Reference Librarian at the Science Library, University of Manitoba, started her new job as Director of Educational Resources and Library Services at the Health Sciences Centre, on October 28, 1985. She succeeds Barbara Greeniaus, who had accepted the position of Director of Public Library Services, Manitoba, as of August 1, 1985.

Susan Rogers, formerly Reference Librarian at the Manitoba Department of Health Library, was appointed to the newly created part-time position of Librarian at the Manitoba Labour Board, starting July 2, 1985.

Leone Banks, Librarian/Administrative Assistant of Nursing Education at the St. Boniface Hospital School of Nursing, graduated in May, 1985, with a diploma from a two-year course in Health Services Management offered by the Canadian Hospital Association in Ottawa.

Love Negrych, Cataloguer, Medical Library, University of Manitoba, received her Bachelor of Fine Arts degree from the University of Manitoba, in May, 1985.

Copies of the 1985 edition of the Manitoba Health Libraries Association Union List of Selected Serials are still available. (New editions are issued every two years). This list consists of the holdings of eighteen health libraries in Manitoba and includes over 1000 serials titles. Cost is \$10 for contributing M.H.L.A. members, \$20 for non-contributing M.H.L.A. members, and \$25 for non-members. Cheques should be made payable to the Manitoba Health Libraries Association and all correspondence addressed to Helene Proteau, Extension Librarian, Medical Library, University of Manitoba, 770 Bannatyne Avenue, Winnipeg, Manitoba R3E 0W3.

* * * * *

BIBLIOTHECARIII MEDICINAE FENNIAE RY

Terttu Soini

President

Bibliothecarii Medicinae Fenniae ry

The republic of Finland is a small country in Northern Europe with 4.9 million inhabitants. It is situated in Scandinavia between Sweden and the Soviet Union, with an area of 337,000 square kilometers and with approximately 150,000 lakes. It is a Western industrialized country with high living and social welfare standards. The World Health Organization has chosen Finland as a model country for health care. The infant mortality is the lowest in the world.

These facts are also a challenge for the medical libraries in the country. The libraries and their networks are traditionally good. Both the research and public libraries have always cooperated with each other and have also forged strong international bonds.

THE ASSOCIATION OF FINNISH MEDICAL LIBRARIANS

The idea of establishing an association of Finnish medical librarians was brought up in Belgrad, Yugoslavia in the autumn of 1980, by the Finnish participants of the 4th International Congress of Medical Librarianship. The congress proved - once again - the significance of international cooperation. Thus, the Finnish association was from the very beginning internationally orientated although the national and Scandinavian activities are of course of primary importance.

A task force was established to plan and prepare the association, and as a result of this, in November 1980, 25 medical librarians gathered for a constitutive meeting. The association chose a Latin name, Bibliothecarii Medicinae Fenniae (B.M.F.), to make the international connections easier, and it was officially registered the following spring. Since the autumn of 1981, the association has been a member of the International Federation of Library Associations (IFLA). B.M.F. is also a member of the following sections of IFLA: Biological and Medical Sciences Libraries, Classification and Subject Cataloging, Information Technology and Serial Publications.

A board comprising a chairperson and four members - each of them elected for two years - manages the activities of the association. The board elects one of the board members to be the vice-chairperson; other members serve as secretary and treasurer.

GOALS

The aim of B.M.F. is to be a link between the personnel in medical libraries in Finland. This is done by developing medical libraries, the professional skills of the library personnel and by making the medical libraries known. On the operational level, the goals are strived for by training, informing and publishing, by arranging meetings, by moving motions and making statements and by co-operating at the international level.

FIVE YEARS OF ACTIVITY

By the autumn of 1985 the association had existed for five years. Members now number more than 70 and come from 14 places in the country. They are librarians in universities, research institutions, hospitals, private enterprise and civil service departments. The majority of members have an academic degree.

In addition to the statutory meeting in spring and autumn, other meetings, visits, seminars and educational courses have been organized. The themes have been acquisitions, hospital libraries, medical publishers, inter-library loans and new information technology; in short, all areas of medical librarianship. Education has focused on cataloguing, indexing and classification of medical literature. These topics will be updated and repeated at intervals in the future.

INTERNATIONAL CO-OPERATION

For B.M.F., international co-operation began with a visit by Swedish hospital librarians in 1981. The association initiated a Scandinavian meeting, and the Norwegians did an excellent job in arranging it in Oslo, Norway in the autumn of 1984. The abstracts of this meeting were published this year.

An authorized representative of B.M.F. has participated in IFLA meetings in Munchen, Germany (1983) and Chicago, Illinois, U.S.A. (1985). B.M.F. has named a representative of its own to the Biological and Medical Sciences Libraries Standing Committee. She participated in the preparation of the 5th International Congress of Medical Librarianship in Tokyo, Japan in 1985.

PUBLICATIONS

Membership letters have been the most important media for distributing information among the members of the association, and advertisements in library journals have also been used.

A major achievement of the young association has been the publication of two books during the four first years. The first of them is a guide book for medical librarians and their clients. The second one deals with indexing of medical literature, N.L.M.'s Medical Subject Headings being its basis. These books are written in Finnish and thus fill a need for Finnish sources of information in medical librarianship.

LOOKING FORWARD TO THE FUTURE

The first five years of *Bibliothecarii Medicinae Fenniae* have clearly shown the value of organization of medical librarians in Finland. The Association's activities have rapidly grown, and a firm identity has been developed. The number of members is continuously growing, and the 2nd Scandinavian meeting is being planned. By actively showing what is done in medical libraries, a knowledge of medical librarianship has increased among library clients and society as a whole.

TOOLS FOR PEACE - LIBRARY PROJECT

A group of librarians in Edmonton are co-ordinating a project to raise funds to support library service in Nicaragua.

The project is to purchase and ship to the National Cataloguing Centre of Nicaragua six copies of the Spanish Language subject headings, **Lista de Encabezamientos de Materia para Bibliotecas** 2nd edition, 1985 (LEMB II).

The National Cataloguing Centre of Nicaragua orders, receives, catalogues and distributes library materials to the National Library and forty-six public libraries throughout the country. There are six cataloguers who require copies of LEMB II.

The Government of Nicaragua has placed a high priority on the creation of libraries and improving the literacy of the people. However, funds available for the purchase of library materials are limited.

Mayron McClary, on leave from the Herbert T. Coutts Library at the University of Alberta, Edmonton, is currently working for the National Cataloguing Centre of Nicaragua. She has suggested the subject headings project as one that would be of very real and practical value to her colleagues in Nicaragua.

It is estimated that \$1500 (Canadian) is needed to purchase and ship LEMB II to Nicaragua. We hope that this will mark the beginning of an ongoing program of Canadian support for libraries in Nicaragua.

Donations for the subject heading project are being accepted through Tools for Peace.* Tools for Peace, sponsored by Oxfam, is a volunteer, non-profit organization working to send aid to the country of Nicaragua.

If you would like to support this project, please send your donation to:

Tools for Peace
c/o Barb Clubb
1901, 11135 - 83 Avenue
Edmonton, Alberta
T6G 2C6

Make cheques payable to "Tools for Peace - Library Project".

* All donations over \$15.00 will receive a tax receipt.

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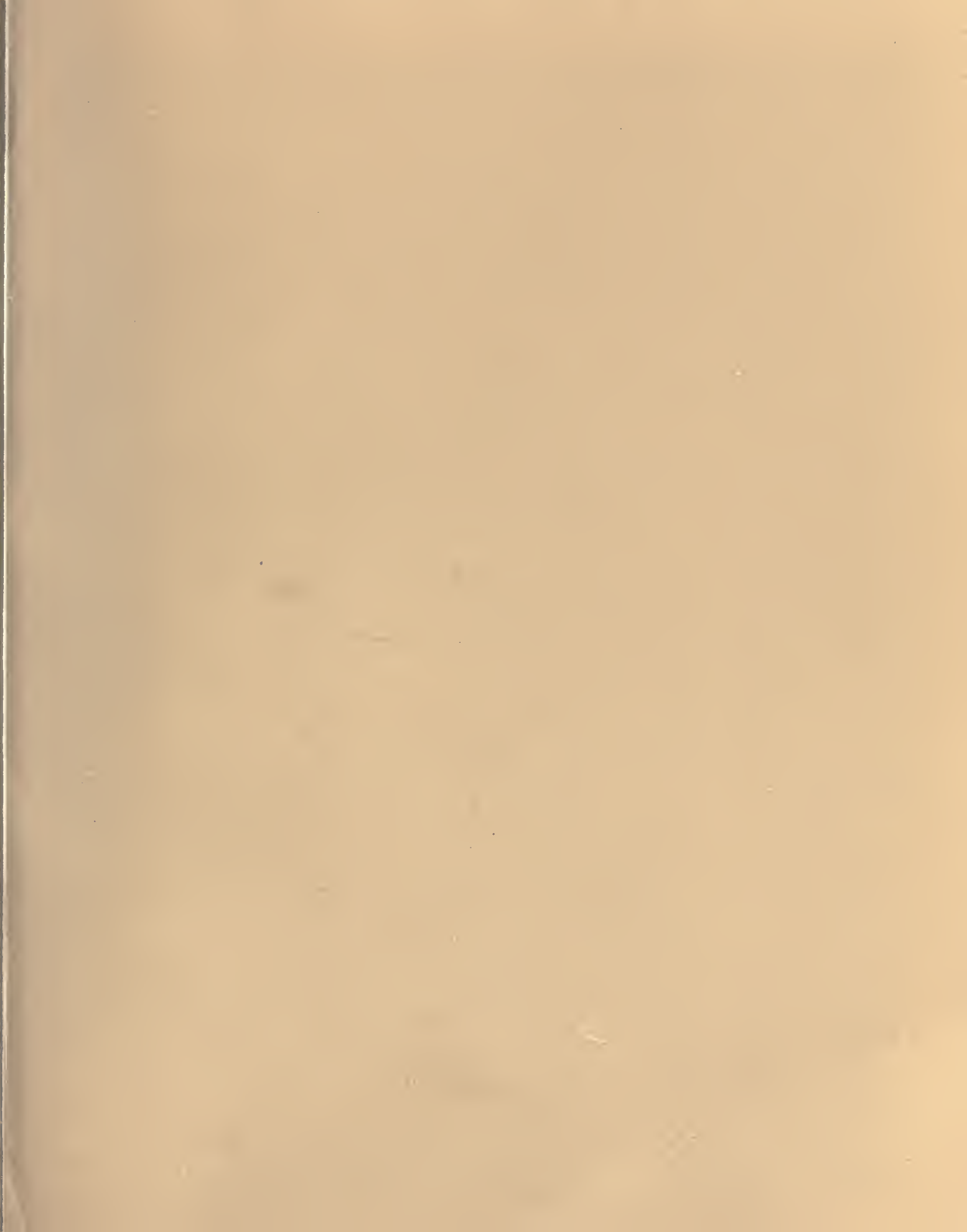
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JUN 29 1986



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INFORMATION FOR CONTRIBUTORS/ADVERTISSEMENTS AUX AUTEURS

The Bibliotheca Medica Canadiana is a vehicle for providing increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editors are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilise dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

PUBLISHING SCHEDULE

1985/86

CALENDRIER DE PUBLICATION

The deadlines for submission of articles to Volume 8 are as follows:

Les dates limites pour des articles pour les envois à paraître:

8:1 June 27, 1986

8:1 27 juin 1986

INDEXED IN

LIBRARY AND INFORMATION SCIENCE ABSTRACTS (LISA)

INDEXE PAR

CUMULATIVE INDEX TO NURSING & ALLIED HEALTH
LITERATURE (CINAHL)

FROM THE EDITORS

Diana Kent, our President, has asked that I offer readers a glimpse into the editorial process of BMC. As she notes in her *Word from the President* (p. 178), considerable time is devoted to each issue. Co-editors tend to live some distance apart and, no matter where they reside, the printing is done in Montreal at McGill University. The logistical problems are thus considerable and time is of the essence.

Since BMC is staffed by volunteers procedures will necessarily, each year, be dictated by the Editor's own schedule. An effort is made, however, to acknowledge all manuscripts, to request the author's approval if more than copy-editing is required and to ensure that contributors who are not CHLA members receive a copy of the relevant issue. Manuscripts are entered, upon receipt, into a word processor but the editorial process may not begin for some weeks, the Editor finding it more efficient to block time shortly before the printing deadline. Since three weeks are scheduled between copy and printing deadlines some flexibility is permitted, but contributors must recognize that the more time available to the Editors, the better the finished product.

Contributors can assist by submitting manuscripts typed double-spaced, in duplicate, and on consecutively numbered pages. Manuscripts should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that he/she feels would be useful to the editorial process. Style of writing should conform to acceptable English usage and syntax; spelling should conform to the Oxford English Dictionary, exceptions being at the discretion of the Editors. If contributors wish to submit their work in machine-readable format, they should contact the Editors in advance to ensure that compatible equipment is available.

The Editors, as always, are grateful to those who responded to the call for papers on end-user searching for this issue. Undoubtedly we have managed to touch only the tip of the iceberg on this burgeoning issue and look forward to receiving more articles (unsolicited!) in the future. Many thanks also to the UNYOC/MLA 1985 Annual Meeting speakers who agreed to submit their papers to BMC so long after the event. Publishing the papers from conferences we are not all lucky enough to attend is one way that the BMC can attempt to fulfill its C.E. mandate to members; we will try our best to bring you the flavour of CHLA's Tenth Annual Meeting in Montreal and look forward to any "conference notes" you might submit.

Jan Greenwood
Editor

Tom Flemming
Assistant Editor

A WORD FROM THE PRESIDENT

Diana Kent

I have tended to use this space in previous issues to inform the membership of the continuing activities of CHLA/ABSC, the issues we face and the work of the Board of Directors on behalf of the Association. With this, my final "presidential word", I am continuing this practice.

At its February, 1986 meeting, the Board decided to proceed with a strategic plan for CHLA/ABSC because we need to direct our future rather than react to events. Dorothy Fitzgerald, Vice-President/President-Elect, Bill Maes, Treasurer, and I are working on the plan using electronic and regular mail to communicate. Our first assignment is to review the needs and goals of CHLA/ABSC and to prepare a mission statement. As soon as a draft of a complete plan is available, we will forward it to the chapters requesting their further input.

Since a well-conceived strategic plan will take time to carry out, two major changes which would have occurred eventually have been made immediately to place us on firmer financial footing.

1. Membership dues increase

Operating expenditures have exceeded revenues derived from membership dues in each of the past three years. In spite of this fact, there has not been a membership dues increase since 1982. Therefore, the annual personal membership fee has been increased to \$40.00, the student membership fee to \$20.00 and the BMC subscription rate to \$50.00 effective June 1986. For further information see Bill Maes' Financial Report elsewhere in this issue.

2. Bibliotheca Medica Canadiana

In the last issue I referred to the increasing costs of producing the journal and the substantial subsidization by the organizations of various past editors, a practice which cannot and will not continue. The Board has decided to lower the production costs by publishing the BMC four times a year instead of five, beginning with Volume 8. The Board recognizes that CHLA/ABSC by way of the BMC is often the sole source of continuing education support for librarians in smaller, more isolated health libraries, and in no way intends to shirk this responsibility for C.E. By reducing the journal to a quarterly, the aim is to increase the quality of the publication while decreasing secretarial, printing and mailing costs.

The Board also voted to dissolve the non-functioning Education Committee and to replace it with an Education Co-ordinator. The chapters were consulted beforehand and their responses were unanimous in favour of this change. This will be a challenging and rewarding experience, and I urge those CHLA/ABSC members who have expressed considerable interest and concern in developing and improving the C.E. program to act positively and volunteer for this new position.

Volunteer is the operative word when referring to CHLA/ABSC at the present time. We are a volunteer organization which functions only through the efforts of its members. Present and former members of the Board of Directors or committees are employed in

full-time, responsible health library positions. Time is volunteered (usually evenings and weekends), no remuneration is expected, allowed or received (except limited travel expenses) and most operating costs are more often than not absorbed by the participants' institutions. The admirable aim for regional representation in a country as large as Canada presents communication difficulties which must constantly be overcome by all who serve the Association.

It would be ideal if we were able to establish a central office to handle memberships, finances, education, public relations, mailing list services, the BMC and the other myriad activities of CHLA/ABSC. Realistically, unlike the Medical Library Association or the Special Libraries Association, our membership is unlikely ever to be large enough to support financially a central office.

One feasible alternative might be shared services - shared office space, secretarial support, and administration - either with other volunteer organizations which face similar problems, or with some other firmly established professional organization or organizations. This alternative and the funding that would be necessary is now under consideration and investigation by the Board.

This is where CHLA/ABSC stands at the end of its tenth and the beginning of its eleventh year. There are now ten chapters, the membership extends from coast to coast, the professional activities and involvement of the Association, including conferences, are on track. It is now time to seek solutions to the problems of the business administration of CHLA/ABSC.

* * * * *

UN MOT DE LA PRÉSIDENTE

Diana Kent

C'est devenu une coutume pour moi, dans les numéros de BMC, de renseigner les membres au sujet des activités et préoccupations de l'ABSC/CHLA et des démarches du Bureau de direction entreprises au nom de l'Association. Au moment d'écrire mon dernier "mot de la présidente", je poursuis cette coutume.

À sa réunion de février 1986, le Bureau a décidé de poursuivre un plan stratégique pour l'ABSC/CHLA parce que nous devons penser à notre avenir au lieu de réagir aux circonstances. Dorothy Fitzgerald, vice-présidente et présidente élue, Bill Maes, trésorier, et moi élaborons ce programme à l'aide du courrier électronique et ordinaire. Il s'agit d'abord d'examiner les besoins et les objectifs de l'ABSC/CHLA et de préparer un énoncé de mission. Dès qu'une version préliminaire du plan global sera prête, les sections pourront l'étudier à leur tour.

Puisqu'il va falloir du temps pour exécuter un plan stratégique bien structuré, deux changements majeurs qui auraient eu lieu tôt ou tard ont été effectués immédiatement afin que notre situation financière soit plus solide.

1. Augmentation de la cotisation

Les frais d'exploitation ont dépassé les recettes tirées des cotisations au cours de chacune des trois dernières années. La cotisation n'a pourtant pas augmenté depuis 1982. La cotisation annuelle est donc portée à 40 \$ pour les membres individuels et à 20 \$ pour les membres étudiants, tandis que l'abonnement à BMC coûtera 50 \$, à compter de juin 1986. On trouvera de plus amples renseignements dans le rapport financier de Bill Maes, dans le présent numéro.

2. Bibliotheca Medica Canadiana

Dans le dernier numéro, j'ai mentionné l'augmentation des frais de production et le fait que BMC a bénéficié de subventions appréciables des organismes où travaillaient les rédacteurs, une tradition qui ne peut pas continuer. Le Bureau a décidé de réduire les frais de production en publiant BMC quatre fois par année au lieu de cinq, à compter du volume 8. Le Bureau sait bien que l'ABSC/CHLA, par l'entremise de BMC, est souvent la seule source de formation permanente pour les bibliothécaires de la santé dans des petits établissements isolés et n'a aucunement l'intention d'abandonner son rôle à cet égard. Notre revue, désormais trimestrielle, visera une qualité plus élevée tout en réduisant les frais de secrétariat, d'impression et d'envoi.

Le Bureau a également décidé de dissoudre le comité d'éducation, qui ne fonctionne plus, et de le remplacer par un coordonnateur de l'éducation. Les sections ont d'abord été consultées et ce changement a été accueilli à l'unanimité. Ce sera à la fois un défi et une expérience enrichissante et j'invite les membres de l'ABSC/CHLA qui ont exprimé de l'intérêt pour la formation permanente à se porter volontaires pour ce nouveau poste.

"Bénévole" est le mot-clé pour l'ABSC/CHLA à l'heure actuelle. Elle est un organisme bénévole qui ne fonctionne que grâce aux efforts de ses membres. Les membres actuels et anciens du Bureau de direction ou des comités occupent des postes permanents dans des bibliothèques de la santé. Ces personnes donnent de leur temps (souvent le soir et en fin de semaine), sans rémunération (sauf des frais de déplacement limités), et les frais d'exploitation sont bien souvent absorbés par les établissements où elles travaillent. L'objectif admirable d'une représentation régionale dans un pays aussi vaste que le Canada entraîne des difficultés de communication constantes pour les bénévoles au sein de l'Association.

L'idéal serait d'établir un bureau central qui s'occuperait des cotisations, de finance, d'éducation, de relations publiques, du courrier, de BMC et de toutes les autres activités de l'ABSC/CHLA. En réalité, contrairement à la Medical Library Association ou la Special Libraries Association, nous n'aurons probablement jamais assez de membres pour justifier un bureau central sur le plan financier.

Nous pourrions considérer un régime de partage de locaux et de services de secrétariat et d'administration, avec d'autres organismes bénévoles connexes ou avec un ou plusieurs groupements professionnels bien établis. Le Bureau est en train d'étudier cette possibilité et le financement qui serait exigé.

Voilà la situation de l'ABSC/CHLA à la fin de sa dixième et au début de sa onzième année. Elle compte dix sections et des membres d'un océan à l'autre. Les activités et démarches professionnelles de l'Association, y compris les conférences, vont bon train. Il s'agit désormais de résoudre des questions qui relèvent de l'administration pratique de l'ABSC/CHLA.

CHLA FINANCIAL REPORT

Bill Maes
Treasurer, CHLA/ABSC

We are all too well aware of the increasing costs that are affecting every aspect of the economy. Organizations like individuals are not immune to these increases and CHLA has found itself in the unacceptable position of having expenditures gradually overtake revenues. No non-profit organization can expect to survive while allowing such a trend to continue.

CHLA derives the bulk of its operating revenue from memberships. An insignificant amount is raised through the sale of membership lists and limited advertising. If it were not for the fact that the last two conferences were financially quite successful CHLA would currently be running on a deficit budget. To illustrate this more clearly a few figures follow which are extrapolated from the last few annual financial statements issued to each member at the Annual General Meeting:

Expenditures

Publication of BMC	\$5500.00
Mailing, envelopes, and translation for BMC	2000.00
Other postage and telephone	500.00
Executive Board Meetings	4500.00
Sundry	1000.00

Revenue

Memberships	\$9500.00
Advertising, etc.	500.00

Without revenue from the past two conferences it is easy to see that CHLA would not have been able to meet its normal operating expenses. However, Conference revenue is not always guaranteed especially since CHLA cannot demand of voluntary conference organizers that any profit be realized. At best CHLA tries to ensure that Conferences will not result in any deficits. More frightening still is the extent to which CHLA has for many years relied upon the generosity, in both time and money, of its members and the organizations to which they belong. In the past at least some \$3000.00 yearly in donated secretarial services have been provided for the production of BMC. The compilation of mailing lists, directories and maintenance of membership rolls representing a time/cost of some \$2000.00 have also been provided by members at no cost to CHLA.

Although we do expect some of this to continue we cannot expect it indefinitely in our current economic climate. Nor are the facilities to carry out some of these donated tasks available to many of those willing to help. For example, it is likely that the editorship of BMC will some day move to an individual whose organization cannot or is unwilling to provide subsidies in the form of secretarial services, and the use of facilities. Anyone who wished to take over the mailing list responsibilities would almost necessarily require some access to computer services. We can therefore not

always expect to find ourselves in such a favourable position vis-a-vis donated time and costs as we do for the limited present.

From the above it can be seen that CHLA is on very unsure financial footing with its current revenues. Unless some action is taken now in terms of obtaining more operating capital, both by increasing revenues and decreasing expenses, CHLA is doomed to a rather mediocre existence while providing little more than rudimentary services to its members. I therefore recommended at the last executive meeting that annual membership fees be increased and that we consider more realistically our actual operating costs. (Recommendations from many chapters supported an increase in fees.) With this increase and some cost-saving measures it is hoped that CHLA will be able to meet realistic projected operating expenditures while retaining some monies in support of new programs both nationally and at the chapter level. We appeal to your understanding and support for these decisions.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

ERRATUM

The biography for Jan Greenwood who is running for President-Elect of CHLA stated incorrectly that she is currently Past-President of CHLA instead of Past-President of THLA.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

SPECIAL INTEREST GROUP OF CHLA

Dorothy Fitzgerald
President-Elect CHLA

Many national associations in Canada are faced with the difficulty of establishing viable committee structures, because of the vast size of the country. Committees attempting to represent all provinces or regions frequently falter under the attempt to obtain input from all committee members. Communication amongst committee members is often costly in terms of time and money and in many instances the return on investment is poor. Committee Chairs can find their role difficult and unrewarding because of these communication difficulties. CHLA members are reluctant to take on the role of Committee Chair, under current circumstances, anticipating that these problems will in fact arise.

The Canadian Health Libraries Association is a relatively young and small national association and as such does not have the financial or human resources to establish an extensive committee structure. The CHLA chapters also operate under the same pressures and are not in a position to take over tasks and responsibilities from the national body.

It was with this atmosphere as background that the President-Elect was asked by the Board to consider the problem and recommend a possible solution for discussion at the October 1985 Board meeting in Winnipeg.

It was recognized that there are occasions when a "special interest" for the membership suggests the possibility of forming a committee of CHLA with a view to bringing the issues relating to this "special interest" to the CHLA membership as a whole. The CHLA therefore required a policy for responding to requests for the formation of such committees.

The proposal put forward by the Vice-President was for the official recognition of Special Interest Groups as an alternative to Standing Committees. This issue was discussed at the Fall '85 and Winter '86 meetings and the Terms of Reference were approved at the Winter '86 Board meeting.

The Terms of Reference state that special interest groups usually have a limited life span and are most effective when based in a local geographic area in the country. Therefore it is accepted that a CHLA special interest group will continue to exist as such, only as long as is necessary to carry out activities of interest to the general CHLA membership. In addition, these special interest groups will be based locally, making no attempt to achieve provincial or regional representation.

In addition, the Terms of Reference list the criteria which must be met by a special interest group to be officially recognized by CHLA. The complete Terms of Reference are available from the Board members and from chapter presidents.

HEALTH SCIENCES LIBRARIES AS SOURCES OF TRAINING AND SUPPORT FOR ONLINE PHYSICIANS

Joanne Gard Marshall

Ph.D. candidate, Department of Community Health,
University of Toronto

Dorothy Fitzgerald

Director, Health Sciences Library,
McMaster University

In recent months we have seen the emergence of a strong trend towards the marketing of online database services directly to professionals, including those in the health field. Although there have been "end user searchers" around for some time, this new marketing thrust has the potential to make this phenomenon much more commonplace. This trend has implications for health professionals themselves, for the health care system at large and for librarians who have served as search intermediaries in the past.

Librarians' views on this topic are important for several reasons. Firstly, because of their knowledge and experience in the online database field, librarians may have unique insights into the problems and potentials of this trend. Secondly, such a development could have a significant impact on librarians' work roles and the online services currently provided in libraries. Thirdly, it is becoming obvious that physicians and other health professionals who opt for using online databases directly will require continuing training and support. (1) These can be provided partly by the vendors themselves, but a more objective source of consumer information and training is required which could be admirably met through Canadian health sciences libraries.

In this paper we are reporting on the initial analysis of a survey of the membership of the Canadian Health Libraries Association (CHLA). In July 1985 questionnaires were mailed to 356 members of CHLA. Of the 353 who were contacted, 299 responded for a response rate of 85%. This high response rate provides a comprehensive profile of health sciences libraries and librarians in Canada as well as an indication of the group's views on end user searching. This study is unusual in taking its unit of analysis as the individual librarian, since the majority of studies in the library field focus on the institutional unit or library. We thought that for the purposes of our study the views of individual librarians were very important.

Library Profile

The first few questions on the survey dealt with the type of library in which the CHLA member worked. Some 49% of the respondents worked in hospital libraries, 24% in academic libraries; and 22% in other types which included association, government and corporate libraries. Five per cent of the members were not currently working in a library. Forty-two per cent of the respondents worked in libraries receiving fewer than 200 journals and 23% were in large libraries which received over 1,000 titles. Thirty-four per cent of the librarians basically worked in "one person" libraries.

Table 1.

Types of Libraries Worked in by CHLA Members (n=299)

Hospital	49%
Academic	24%
Other	22%
Not currently working in a library	5%

Table 2.

Number of Journal Titles Received (n=299)

Less than 200	42%
200 to 399	20%
400 to 999	15%
More than 1000	23%

Database searching was done in the libraries of 63% of the respondents with the number of search requests varying from fewer than 100 to over 2500 annually. NLM was the most frequent search system used (90%), followed by Dialog (66%) and BRS (46%). An additional 33% of the respondents stated that their libraries took online search requests and had the searches run elsewhere. In other words a full 96% of the librarians worked in libraries which handled online search requests.

Table 3.

Search Systems Used (n=188)

NLM	90%
Dialog	66%
BRS	46%
Can/Ole	41%
Other	29%

Services to End Users

Forty-five per cent of the librarians reported that their library currently provided informal consultation for end users and another 9% planned to provide this service in the next year. Twenty-four per cent provided printed handouts, 9% held seminars and 8% offered access to a terminal. Forty-five per cent of our respondents were aware of one or more end users in their own institution.

Table 4.

Services to End Users (n=299)

	Offered Now	Will offer in next 12 months
Informal consultation	45%	8%
Handouts	24%	11%
Seminars	9%	21%
Access to terminal	8%	16%

The respondents were asked to indicate the extent to which they agreed or disagreed with a number of statements about end user searching on a five-point Likert-type scale. These items were derived from distilling views on end user searching from the information science literature and from the authors' own experiences as health sciences librarians.

Among the statements that related to the perceived relative advantage of end user searching, the respondents tended to agree that the innovation was advantageous for the library and health professional alike. There was less strong agreement that end user searching would allow reference staff to spend their time more productively and the majority of CHLA members thought that end user searching would actually increase the workload of library staff.

The compatability of end user searching with librarians' professional values and experience was shown in the fairly strong agreement with the statement, "End user searching is a natural extension of library online search service". We also included a rather controversial statement to the effect that end user searching could be seen as a threat to the status of librarians as search intermediaries, since this had been mentioned as a possibility in the literature. While 62% of our respondents disagreed to some extent with this view, 13% were undecided and 25% agreed. Another issue dealing with professional values of librarians was contained in a statement about the cost of online searching restricting access to information. In our study 68% of the librarians agreed that the trend towards paying for information would restrict access to information for some users, while 14% were undecided and 19% disagreed.

One of the biggest issues identified in our study relates to the concern librarian have about the complexity of searching in the end user environment. Our respondents expressed concern that end users would find the systems difficult to use and that the software was not yet user-friendly enough for the average health professional. It was generally thought that only a small proportion of health professionals would want to do their own searches and that these individuals would tend to be medical researchers rather than practitioners. The strongest level of agreement was found with the statement that librarians will always be called upon to perform the more difficult searches. The results were almost evenly split on the statement about end users' ability to perform cost-effective searches.

Another aspect of complexity has to do with how difficult it is for the library to provide a terminal in the library for end user searchers. There was generally less concern about difficulties in this area, although 45% of the librarians foresaw some level of difficulty. There was strong agreement that librarians will need additional skills and training to support end user searchers. Two items dealt with the issue of who should train and support end users: the vendors, the library or both. There was agreement that both should take responsibility; however a comparison of the level of agreement showed that there was somewhat stronger feeling that the vendors should live up to their responsibility in this area.

Conclusion

When we began this study, we did not know what the level of awareness and interest in end user searching would be among Canadian health sciences librarians. The high response rate that we achieved and the written comments received from over 30% of the respondents have shown us that end user searching is perceived as an important library-related issue on the Canadian scene.

We found that many of our respondents differentiated among the needs of various types of end users, evidence of the insight which practising librarians bring to this topic. We found a strong desire to maintain the traditional role of the library as a storehouse for books and journals while at the same time being responsive to the

broader types of service opportunities facilitated by rapidly developing information technology. We also found that CHLA members were concerned about the general social and professional issues which are raised by the computerization of information sources, such as the cost restricting access to information from online databases and the changing role of the librarian.

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Don't forget CHLA's Tenth Annual Meeting

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June 15 - 18, 1986

RESULTS OF THE CANADIAN MEDICAL ASSOCIATION iNET TRIAL: IMPLICATIONS FOR LIBRARIES

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The C.M.A. iNet trial was a pilot project jointly sponsored by the C.M.A. and Telecom Canada to provide physicians in practice settings with access to online information systems such as AMA/GTE's MINET and Bibliographic Retrieval Services (B.R.S.) which contains MEDLINE and other biomedical databases. Access was provided through Telecom Canada's iNet 2000 electronic gateway which allows the use of other services such as online directories of databases, electronic mail, monitoring of other subscribers' terminals, and downloading of information into the gateway for editing and possibly forwarding to other users. In this trial, 24 physicians in 14 practice settings were given Bell Displayphones, printers, an extra telephone line and free access to the databases for an 8-month period from February to November 1985.

The C.M.A. iNet trial provided an excellent opportunity for a thorough qualitative and quantitative study of physician response to the direct use of online information retrieval systems. A multi-method approach to data gathering was taken involving telephone interviews, some site visits, and informal contact through the iNet electronic messaging service. The detailed results of the trial have been discussed elsewhere in the C.M.A.J. (1, 2) and the final report of the project is available from the Council on Medical Education of the Canadian Medical Association. (3). The MEDLINE training which used a teleconference and dataconference to link physicians at the various sites for online search demonstrations has also been described (4). The purpose of this article is to summarize some key findings of the C.M.A. iNet trial and comment upon the implications for health science libraries and librarians.

Summary of Findings

Most of the physicians in the C.M.A. iNet trial had considerable difficulty handling both hardware and software for online database access. Although many of the participants reported owning a microcomputer for office or home use prior to the trial, not all had used one personally. The ability to type and to feel comfortable with a computer turned out to be a key factor in determining the successful use of online systems. Most physicians found the systems less easy to use and less useful than they had originally expected, but this was at least in part due to their lack of searching skills. A major finding of the trial was the continuing training and support will be required for physicians who decided to use online systems on their own.

Despite some of the frustrating experiences reported by the participants, there was still considerable optimism about the future of information technology in clinical settings. This applied to both the use of online bibliographic databases such as

* Joanne Marshall has been studying the C.M.A. iNet trial as part of her dissertation research. This research is supported in part by the National Health Research and Development Program of Health and Welfare Canada and the Canadian Medical Association.

MEDLINE and the more clinically-oriented American Medical Association/GTE Telenet MINET databases which were used in the trial. MINET has full-text drug and disease databases, a small bibliographic file called EMPIRES which can be searched by medical specialty, as well as C.M.E. programs and electronic mail. Document delivery is also available from the A.M.A. library. MINET content was generally found to be too brief to meet all of the information needs of the participants. MEDLINE, on the other hand, was too comprehensive and research-oriented and required considerable search skills to retrieve the required information. The Comprehensive Core Medical Library (C.C.M.L.) file available from B.R.S. was used to some extent, but physicians found that it was time-consuming to print out full-text journal articles and book sections on the 300 baud Bell displayphones that were used in the trial.

The major barriers to use of online systems by physicians in practice settings identified in the trial were:

- the amount of time required to perform a search in the physician's office;
- lack of user-friendly software and/or menus which were time-consuming and tiresome for the frequent user;
- lack of search skills and knowledge of database structure and content by the physicians;
- database content that was not geared to answering patient management questions.

Implications for Libraries

Although the C.M.A. iNet trial demonstrated some real limitations to the use of online technology in practice settings, it is clear that such systems will continue to be marketed to physicians and other professionals by database vendors. As time goes on, it is likely that many of the access problems will be resolved as more sophisticated user-friendly software is developed. This has implications for the future role of the librarian. The number of system vendors is increasing and it is difficult for physicians to make an informed choice about such systems for their own settings. Librarians, with their knowledge and experience with databases and their familiarity with developments in the online world, are in an excellent position to be objective sources of information and advice for physicians.

There is considerable speculation about the effect of end user searching on library-based online services. In the C.M.A. trial, fewer than half of the participating physicians had requested a MEDLINE search from a library before. Therefore it is unlikely that the end user group will markedly reduce the number of online searches performed by the library. A good proportion of end users will be entirely new online users. In fact, many of the C.M.A. trial participants decided that, for the time being at least, they would prefer to delegate their MEDLINE searches to an "expert" searcher. This means that the demand for library searches may increase rather than decline as a result of end user activity. In the C.M.A. trial there was an increased appreciation and respect developed by the participants for the skills of search intermediaries and for the complexity of online systems. Such views may work to enhance the role of the librarian.

A companion article in this issue of BMC on the results of the C.H.L.A. survey on end user searching shows that many members of our Association are working in libraries that are already responding to the needs of end users. Services such as informal

consultation, handouts, seminars and terminal access in the library are offered by some libraries and more plan to offer such services in the coming year. The 1986 C.H.L.A. Annual Meeting will include both a panel on end user searching and C.E. course on designing training for end users.

It is important that librarians continue to debate and participate in end user-related activities. Although the use of online databases is not synonymous with library use, the trend towards the marketing of online services to health professionals will certainly have an impact on our libraries and on our roles as librarians. We have a great deal of experience and expertise to offer both the providers and consumers of online databases. Current knowledge of end user systems and their use will be essential if we are to take a broad perspective on information services for health professionals. Such involvement will assist us in planning and developing our own library services more effectively.

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ONLINE SEMINARS FOR MEDICAL STUDENTS AND PERSONNEL AT THE UNIVERSITY OF OTTAWA HEALTH SCIENCES LIBRARY

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HISTORY AND BACKGROUND

More than fifteen years ago the U.S. National Library of Medicine first began providing free online access to MEDLARS. At that time some libraries offering MEDLARS experimented with allowing their clientele to run their own searches. Amongst these was Washington University in St. Louis where, in 1971, a terminal was placed near the circulation desk to encourage professors, students, doctors and health personnel to search MEDLARS themselves. However this and other early experiments in client searching failed, partly because of the complexity of the system's command structure, and no doubt also because in those bygone days of the pre-microcomputer era, few people were willing to learn anything about something as esoteric as a computer.

In the decade and half since the picture has radically changed. Where the ground was barren then, it is fertile now. Most libraries are overwhelmed with online search requests. For instance, at the University of Ottawa, we are running in excess of 6,000 searches a year, with some 2,000 of these at the Health Sciences Library alone! Secondly, today's library patrons are at least aware of microcomputers and their immense power, including that of connecting with remote online services. Thirdly, most people nowadays, if given the opportunity to learn something new on a micro-computer, such as online searching, will jump at the chance. Last, but far from least, libraries all over North America have begun to seize on the opportunities all of these factors now provide for so-called "end user" searching. Needless to say, the University of Ottawa has been at the forefront of these trends in online search service.

For over three years the University of Ottawa has enhanced its traditional online services, in which librarians run searches on behalf of clients, with our new self service called Online After Six. Started in July 1983 at Morisset Library (social sciences), and in September in the Health Sciences Library, this service is based on the BRS/After Dark online system, which currently provides complete access to more than 75 of BRS's 120 plus databases. After Dark includes such core files as: MEDLINE, ERIC, PSYC INFO, Dissertation Abstracts, ABI/Inform, and Health Planning and Administration. It allows a significant percentage of our online clientele to run their own online searches at low cost (average \$6.00 per search), after receiving individual instruction on search strategy and online techniques from a qualified librarian counselor.

At the University of Ottawa, these search preparation sessions are formally called Presearch Counseling (1). Any client of our online services may avail him or herself of presearch counseling at any time, on any topic he or she might wish to search online.

Two other methods we often use to introduce library patrons to the idea of self-service searching are: library orientations and in-class instruction. At the Health

Sciences Library, client or patron searching is even emphasized during online demonstrations. Second year medical students preparing for their pharmacology project sign up in small groups for online demonstrations. Do-it-yourself searching is explained in detail during these sessions. As a result several of these students have enthusiastically and successfully run their own searches. One student even remarked, "It beats spending your money at the beer parlour". Nursing students in some classes receive similar instruction, but are rather more apprehensive when faced with the prospect of searching on BRS/After Dark.

Online After Six has proven so popular that, since its inception in July 1983, the two libraries have hosted some 1,000 self-service searches on a myriad topics in practically all major databases on BRS/After Dark. Unfortunately, though, the vast majority of these searches have been conducted at Morisset Library. From July 1983 to the end of March 1986, 910 searches were run at Morisset Library, while only 90 were conducted at the Health Sciences Library. Why is this so? There are several explanations:

1. Online After Six had a head start in Morisset Library, beginning there two months before it was offered in Health Sciences.
2. As long as the MEDLARS Explode feature is not available on BRS/After Dark, this system will prove too cumbersome to process comprehensive searches in the MEDLINE database.
3. BRS/After Dark is missing most of the major medical and health sciences databases available on its cousin, BRS Colleague Saunders, such as the Comprehensive Core Medical Library. Although After Dark is generally less expensive than Colleague Saunders, Saunders provides far more information of direct relevance to the medical community, which makes BRS/After Dark a less attractive alternative for health personnel.
4. Presearch Counseling was formally established in Morisset Library to assist online do-it-yourself clients (usually called "end users" in the literature) several months before it was used in Health Sciences.
5. The types of searches and the academic background is more varied in Morisset Library than in Health Sciences. At Morisset, all kinds of subjects are pursued in many different databases, the most notable of which are: ERIC, PSYCH INFO, Social SciSearch, ABI/Inform, Medline, and several science databases like INSPEC and CA Search. With few exceptions, search strategies tend to be very simple and easy to execute, once the client has received presearch counseling.

On the other hand, the Health Sciences Library must cater to the special needs of a close-knit community of health personnel and students, which is composed of such specialized target clientele as: doctors working in various departments and disciplines, nurses, faculty, nursing students, microbiologists and laboratory technicians, to name just a few! What all of these people have in common is that: they are all directly involved in teaching, research or patient care in the health field. With such a user population, whose research and practice interests are traditionally much more focussed than in a broad-based social sciences library like Morisset, it became apparent to us that an entirely different approach had to be found to the question of training health sciences personnel in the intricacies of online searching. The question remained, what was to be this new approach?

ONLINE SEMINARS FOR HEALTH SCIENCES PERSONNEL:

Consequently, in the summer and fall of 1985, the Coordinator of Online Services for the University of Ottawa Libraries, the Director of the Health Sciences Library, and the Head of Online Reference in that Library decided to plan several half day online seminars for groups of health sciences personnel, to be held on Friday afternoons, starting in December 1985. The first three seminars took place on Friday December 6, 1985, and Friday February 14 and 28th, 1986, in a small seminar room in the Health Sciences Library. Attendees to date have included nursing educators, resident surgeons, microbiologists and biologists. Further seminars will be scheduled as required later on in 1986.

These seminars have all focussed specifically on techniques of searching in the BRS/Colleague Saunders service, a special online system aimed directly at the medical community at large and marketed jointly by BRS, Inc., and Saunders Publishing. In addition to the over 120 regular databases offered by BRS in practically every field of human endeavour, Colleague Saunders provides additional access to several highly specialized medical and health sciences databases which cannot be found on any other online service in the world. Databases include such bibliographic files as MEDLINE, AgeLine, the SPORT database (SIRC, Ottawa) and Excerpta Medica; full text sources such as Consumer Drug Information Full Text and the Kirk-Othmer Encyclopedia of Chemical Technology; the full text of major medical journals online, e.g. Lancet, New England Journal of Medicine and the American Journal of Psychiatry; and complete medical handbooks and textbooks, such as Eisenberg's Emergency Medical Therapy, Sabiston's Textbook of Surgery and Pediatric Clinics of North America.

PART 1: IN CLASS SEMINAR

Each of these seminars began with a theoretical in-class discussion of user-friendly online systems, focussing on Colleague Saunders. This part of the seminar generally ran from 1:30 p.m. to 3:00 p.m. The Co-ordinator of Online Services made extensive use of colour overhead transparencies to illustrate the various elements of online searching. The introductory part of each session dealt with such basic questions as how to configure a microcomputer with a modem suitable for telecommunications access to online services like DIALOG 2 and MEDLARS; defining just what is a telecommunications network, like DATAPAC and TELENET; what constitutes an online vendor or system, and what a database; and, finally, which databases are most likely to interest health sciences personnel.

The next portion of the seminar was concerned more specifically with the databases and online services available on BRS/Colleague Saunders. The instructor began by outlining more than 150 databases available for searching on Colleague. He then concentrated on the key medical databases found in Section 1, Colleague Medical Search Service, which provides access to several different types of databases, including full text of critical care and medical textbooks, the full text of certain core medical journals, such as Lancet and The New England Journal of Medicine, and bibliographic databases like MEDLINE. Figure 1 illustrates the breakdown of databases by type in the Colleague Medical Search Service.

Figure 1.

COLLEAGUE MEDICAL SEARCH SERVICE

Library Name	Label
Complete Text	CCML
Journals and Periodicals	JOUR
Medical Books	MEDB
Quick reference	QREF
Bibliographic (Indexes and Abstracts)	BIAB
Pharmacology	PCOL
Oncology	ONCL

ENTER LIBRARY OR DATABASE LABEL

XX -- ccm1

The next part of the seminar dealt with the question: how do you search a database on Colleague, with search examples provided on MEDLINE? The basic Boolean operators (and, or, not) were carefully explained to participants, and there was some discussion of the BRS adjacency operators (adj, with, same). Field restricting was also treated by means of the MEDLINE illustration shown in Figure 2, below with special emphasis placed upon techniques of searching the author, title and descriptor fields.

Figure 2.

SAMPLE MEDLINE SEARCH ON COLLEAGUE SAUNDERS

ENTER SEARCH TERMS, COMMAND, OR H FOR HELP

SEARCH 1 -- acquired-immunodeficiency-syndrome

ANSWER 1 -- 3,145 DOCUMENTS FOUND

-- DESCRIPTORS
are hyphenated in
COLLEAGUE

ENTER SEARCH TERMS, COMMAND, OR H FOR HELP

SEARCH 2 -- 1.mj.

ANSWER 2 -- 1,788 DOCUMENTS FOUND

-- SEARCH (Set)
no. 1 is majored.

ENTER SEARCH TERMS, COMMAND, OR H FOR HELP

SEARCH 3 -- canada.de

ANSWER 3 -- 3,010 DOCUMENTS FOUND

-- Single word
descriptors are
tagged "de."

ENTER SEARCH TERMS, COMMAND, OR H FOR HELP

SEARCH 4 -- 2 and 3

ANSWER 4 -- 12 DOCUMENTS FOUND

ENTER SEARCH TERMS, COMMAND, OR H FOR HELP

SEARCH 5 -- d

ENTER ANSWER NUMBER

XX -- 4

ENTER S, M, OR L

XX -- s

ENTER DOCUMENT NUMBERS

XX -- 1

AN 86027555. 8602

TI AIDS surveillance.

SO Can-Med-Assoc-J. 1985 Nov. 1. 133(9). P. 892

LG EN

YR 85

IS 0008-4409

Finally, attendees were shown how to use the menu-driven online printing command, called "display" or "d" command, also conveniently illustrated in Figure 2. To summarize everything taught in class, a complete Colleague MEDLINE search illustrating all search pointers taught was then displayed on overhead transparencies.

PART 2: POST-CLASSROOM ONLINE PRACTICE

As a follow-up to the in-class seminar, participants were invited to spend about 10 or 15 minutes per person online, searching any topic of their choice in MEDLINE on Colleague Saunders. This post-class session generally lasted 90 minutes so that everyone could leave by 4:30 p.m. Almost all participants were enthusiastic about online searching, and most found the experience of searching for the first time much less intimidating than they had imagined. Several people commented on how the system's menu driven design actually assisted them in formulating and completing their searches.

Attendees now found that they appreciated much more the complexity of online searching performed for them by librarians in the Health Sciences Library; people were amazed at the wide variety of useful medical and health sciences databases offered on COLLEAGUE SAUNDERS, many of which they had never heard of before; some doctors expressed the view that such a medical online service would be of inestimable value to Canadian doctors residing in remote or sparsely populated areas, where direct access to critical care information is often restricted; and several participants had questions about hardware-related issues such as:

1. what kind of modem do I need to search?
2. what software programs are suited for telecommunicating with remote online systems?
3. what about CD-ROM search systems and databases they offer?

CONCLUSIONS

These in-class instructional seminars were provided to health sciences and medical personnel at the University of Ottawa and the Ottawa General Hospital complex, with the following goals in mind:

1. To provide seminar participants with the practical basics of online searching, using a user-friendly menu-driven medically specialized online service, viz.- Colleague Saunders.
2. To provide attendees with a clearer insight into the complexities of the Online Reference service traditionally provided by the Health Sciences Library to all library clientele (over 1,500 bibliographic searches per year on average). Participants often showed markedly greater appreciation of the need for clear and careful topic preparation for online searching.
3. To provide all attendees with a forum for the discussion, better understanding and more rational use of online searching in all its forms in the Health Sciences Library. These included, but not necessarily exclusively, the following elements: more informed use of the services of the library's own online searchers; a better awareness of when and when not to search online; and a clear understanding by participants that, if any of them should ever need advice on how to configure a microcomputer for online searching in the office, or need help in actually devising an online search on their own, they should feel free to call on the expertise and resources of the librarian searchers in the Health Sciences Library.

END USER SEARCHING: A SELECTIVE BIBLIOGRAPHY

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Ms. Brown compiled this bibliography as part of a project, carried out under the supervision of Ms. Linda McFarlane, Director of the Health Sciences Library at Sunnybrook Medical Centre, Toronto, in partial fulfillment of the requirements of a course at F.L.I.S. entitled Management of Corporate and Other Special Information Centres. The instructors of that course are Professor L.G. Denis and Ms. K.E. Melville.

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Don't forget CHLA's Tenth Annual Meeting

in Montreal

June 15 - 18, 1986

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THE COSTS OF DEPARTMENTAL COLLECTIONS

Linda Hulbert

Associate Librarian, Collection Development
SUNY Health Science Center at Syracuse

ABSTRACT

Over the years librarians have privately decried the costs to their institutions of maintaining separately housed departmental libraries not supported by the main library. The costs, undoubtedly, outweigh the purported convenience to the users of having journal collections at their fingertips. The SUNY Health Science Center at Syracuse identified journal titles paid for by the departments with departmental funds, research grants or faculty contributions. Calculations of the measurable costs were made. We intend to share the results with the University administration in the hope of re-directing the money to the Library.

THE STUDY

There have been many articles and books discussing libraries housed outside, but maintained by main university libraries. However, those are not pertinent to this discussion precisely because they are maintained by university libraries. There is one paper which discusses the need departments within academic institutions have to develop their own libraries funded by research grants, personal subscriptions, memberships or with overhead money available to the department chairpersons.(1) Our study is concerned with the costs to the State, an institution or grant supporters of maintaining these journal collections. The costs discussed here are only the direct subscription costs. The hidden costs to each department, i.e. staff to handle orders, claims, check-in, shelving, and the space to shelve and display these titles are not included. Recently, several faculty members spoke to the author regarding this practice on the Syracuse campus. They reported that issues of departmental journals were frequently not available in their departments, having been held up in someone's office, lost or never received.

METHODOLOGY

For some time the Health Science Center Library has maintained a title card file for departmental subscriptions. The information is gathered irregularly by writing to the forty-two departments involved to enquire:

1. What subscriptions do you purchase with departmental funds?
2. Do you retain back volumes?
3. Can we refer Health Science Center personnel to you?

The response was 100% after two follow-up letters. Forty-one of the forty-two departments receive at least one title. Thirty-six departments are willing to share with Health Science Center personnel; one will share only with the Library and three will not share with any other departments. A file by department is maintained.

We have used the file to route duplicates to the appropriate department and to refer patrons, where departmental policies permit, to the appropriate collection. The Library staff always warn patrons that items may not be readily available in departmental libraries.

Another use of the list - a use which the Library does not share with the departments - is as a basis for rejecting purchase requests for any items already held in departmental collections. Were departments aware of this, they might be less forthcoming with information on their holdings.

Unfortunately, the Library has had to deny new subscription requests at a rate of seven to one and has had to cancel titles because of a shortage of money. This lead to the question of how much departments are spending on journal subscriptions. In an attempt to answer that question we tabulated the costs of departmental subscriptions using information from Faxon's list (2) and Ulrich's (3). (The data are not completely accurate because some of the listed titles may have been purchased by faculty members through funds other than State and research monies, and the prices used were institutional rates which are higher than the individual prices for which departmental libraries may have been eligible). The most recent attempt to cost departmental subscriptions showed 359 titles, accounting for 432 subscriptions at a total cost of \$37,530. Four of the titles were free to the departments and 16 could not be identified in any of our sources. A breakdown of the subscriptions and their costs follows:

RESULTS

TITLES NOT HELD IN HEALTH SCIENCE CENTER LIBRARY

Unique titles	131	\$7,717
Titles with two subscriptions	11	1,348
Titles with three subscriptions	1	66
TOTAL Titles/Subscriptions	143/156	\$9,131

TITLES HELD IN LIBRARY

Unique titles	151	\$14,422
Titles with two subscriptions	30	8,556
Titles with three subscriptions	7	1,170
Titles with four subscriptions	3	848
Titles with five subscriptions	1	2,630
Titles with six subscriptions	1	168
Titles with eleven subscriptions	1	605
TOTAL Titles/Subscriptions	196/276	\$28,399
GRAND TOTAL: 339 titles/432 subscriptions		\$37,530

The average price per journal for those journals not held in the Library is \$58.53. For those journals which are held in the Library, the cost per journal is considerably higher: \$102.89.

The journals for which the departments had most subscriptions are:

<u>Title</u>	<u>No.</u>	<u>Total Cost</u>
New England Journal of Medicine	11	\$605
Journal of Medical Education	6	168
Cancer	5	680
Current Contents/Life Sciences	5	1458
Science	5	465
Hospitals	4	160
JAMA	4	204
Journal of Clinical Investigation	4	480

All of these titles are also in the Library.

The most expensive titles with only one subscription each are:

<u>Title</u>	<u>Cost</u>
Biochemical Pharmacology	\$900
Experimental Brain Research	726
British Journal of Pharmacology	390
Acta Neurochirurgica	378

The most expensive journals with more than one subscription are:

<u>Title</u>	<u>No.</u>	<u>Cost/each</u>
Journal of Physiology	2	\$1030
Current Contents/Life Sciences	5	297
American Journal of Physiology	2	520
Journal of Biological Chemistry	2	360

DISCUSSION

The author was perplexed by the fact that there are few references in the literature to departmental collections not funded by the University Library. Others are, however, beginning to take note of the existence of such collections. At the M.L.A. Post Conference Collection Development Seminar in New York City two of the first three speakers - Paul Mosher of Stanford and Dorothy Hill of Mount Sinai (also of the Brandon and Hill lists)- expressed the belief that these collections should be examined and that there is need for literature on the subject.

At George Washington University, in an effort to seek complete subscription donations from faculty members and share resources with their departments, Professor Grefsheim (4) surveyed the faculty and departments. Response from the faculty was poor, netting

a maximum \$75 savings since only one faculty member was willing to donate to the Library his journal uncut and unmarked. Departments were unwilling to share their collections with other departments on campus. Unfortunately, Grefsheim, et al concluded that subscription donations and resource sharing were not viable.

In speaking to hospital libraries about these concerns, it became apparent that it is common practice for them to make considerable contributions to departmental libraries without recompense. In keeping with the Joint Commission on the Accreditation of Hospitals (5), many hospital libraries are assuming responsibility for ordering and processing the journals of departmental collections. Fortunately, these costs are calculable and can be charged back to the appropriate department, or requested in the budget of the library.

The article by Malcolm Getz and Doug Phelps (5) provides insight into the costs for each department of varying sized academic libraries. Their formulation includes a statistical package mixing beginning librarian salaries/veteran librarians, % of time for students at minimum wage and a per hour figure for support staff. Getz and Phelps create from all of this a "skill mix" by department: acquisitions, cataloguing, end-processing, serials check-in and binding. For example:

Serials check-in/binding/cataloguing

HOURS/CURRENT TITLES X \$/HOUR = \$/CURRENT TITLE

e.g. 3414 x 12 / 21,536 x 6.95 = 13.16/title

Compensation per hour will be different for each institution. Whether these processes are done by the librarian or other staff, including volunteers, will determine the skill mix. Even if these processes are carried out by a volunteer, a cost is incurred, because she/he could otherwise be doing something else which could save time and money.

CONCLUSION

Each institution must go past the benign process of surveying the departmental collections and their attendant processes and deal with real choices. Hospitals purportedly face serious cutbacks due to DRG's and other cost saving mechanisms. The State continues to put constant pressure to make each dollar go further. Those libraries carrying out work on behalf of other departments can charge back to the departments incurred costs and/or may use the relevant data to justify their budgets. Despite the J.C.A.H., Libraries might be able to justify not processing departmental collections at all if no compensation is forthcoming. It is time that administrators be made aware that departmental collections are an anachronism dating from a time when money was plentiful, subscriptions were purchased for individual users and fiscal accountability within research departments was not required.

For libraries facing shrinking budgets and growing demands, the costs data must be used to convince administrations that there is money in the institution which may be redirected to the Library. While this Library may gain the enmity of some users, the fact remains that twenty percent of the total serials budget is being spent in an unjustifiable fashion as the Library fails to meet a larger and larger portion of users' needs.

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If you plan to attend M.L.A. in Minneapolis in May,
why not share your experience/s with those BMC
readers who have to stay home? See this issue's
Editorial and our Call for Papers, p. 220.

* * * * *

TO THE MAKING OF MANY JOURNALS THERE IS NO END

Nancy Fabrizio

**Associate Director
Health Sciences Library, SUNY Buffalo**

This paper is adapted from one delivered by Ms. Fabrizio at the 1985 UNYOC Annual Meeting in Rochester and will appear in more detail later this year in Serials Review under the title, "Journal Evaluation in a Health Sciences Library".

In the beginning was the General Scientific Journal. And the General Scientific Journal begat the Specialty Journal, and the Specialty Journal begat the Sub-specialty Journal. And the Sub-specialty Journal begat the Single-Subject Journal, whether according to class of compound, specific disease, or methodology. And the Single Subject Journal begat the Inter-disciplinary Journal to link up the specialties separated at an earlier evolutionary date. And the scientific community saw that the journals were good, and they were fruitful and multiplied. So the National Journals begat the Supra-national Journals. And the Supra-national Journals begat the International Journals of many of the subjects catalogued thus far. And the whole scientific literature became overweight, unreadable, and impossible to collate, and therefore the scientists looked at the situation and saw that it was bad. And so they created other journals to help them, and they called these journals Progress, Review, Advances, and Abstract Journals. And the General Abstract Journal Begat the Specialist Abstract Journal...

Dr. Elliot Berry,* the author of that parody, expresses for me and I'm sure for the reader, the familiar yet serious problem of journal proliferation.

The purpose of this paper is:

1. To describe the method used to evaluate new journal titles at the Health Sciences Library, State University of New York at Buffalo; and
2. To show how this method, or some variation, might be adapted by other medical or health sciences libraries, regardless of size or type of collection.

During an overall survey of the library's collection development policies and collection management practices, a decision was made to formalize the review and evaluation mechanism for journals. The reasons were many and varied but roughly fall into two categories:

1. collection development concerns; and
2. economic realities

* Elliot Berry. The Evolution of Scientific and Medical Journals, New England Journal of Medicine, 1981 August; 305: 400

An example of a collection development concern might be the goal of achieving balanced subject coverage in relation to the institution's information requirements. Examples of economic realities might be the long-term budget implications of journal subscriptions the staff time necessary to sort, check-in, union list, bind, and claim journal issues and volumes and the space required to house the bound volumes.

Journal titles are identified for review and evaluation through user requests, inter-library loans records, the **N.L.M. Technical Bulletin**, and publishers' advertisements. A sample issue of the journal is requested from the publisher. When the sample is received, an information sheet containing the journal's vital statistics is completed. The information entered includes: full title, a brief summary of subject content, editor, price, frequency, content, format, where indexed, local holdings of the title, and the number of interlibrary loan requests that have been received by the library. The sample issue and the information sheet are sent for evaluation to a subject specialist, usually a member of the health sciences centre faculty or an affiliated physician. The specialist is asked to comment on the research or educational programs which would benefit from using the journal, and for an assessment of the level and quality of the journal articles and general content.

The library's Serials Review Committee then meets to weigh the documentation collected on the journal titles under consideration. The committee may, on the basis of all the evidence, decide to subscribe to the journal; decide not to subscribe; decide to subscribe for a specified period of time, usually one year, and then re-evaluate; or decide to defer for final consideration at a later time. The Serials Review Committee is composed of the library's director, the collection development co-ordinators, the serials librarian, and the interlibrary loan librarian.

The information collected on each journal is collated and filed for future reference and use. A simple user evaluation form is attached to the first several issues of a new subscription. The user is requested to list his or her department and to rate the journal as excellent, good, fair, or poor. These forms are reviewed and added to the journal's case history.

The method used at SUNY Buffalo's Health Sciences Library to evaluate journal titles is in many ways a pragmatic process and may be adapted for use in a variety of health sciences libraries.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Mary Anne Trainor

Serials and Acquisitions Librarian
Health Sciences Library, McMaster University

In her paper, Nancy Fabrizio emphasized the selection and evaluation process of new and user-requested journals in the Health Sciences Library at SUNY, Buffalo. What I intend to outline here is what McMaster has done in the past few years to evaluate its existing journal collection. It is my hope that some of the evaluative methods we have tried might be adapted by other libraries.

Why did we choose to evaluate our existing journal collection in 1983? Quite simply, we did it to avert what could have been a crisis. I am sure all readers have been in a similar situation. Although the McMaster University Health Sciences Library is relatively new, we were experiencing budget cuts or inadequate budget increases. As a consequence no new journals were being added to the collection except in extreme emergencies.

We had made numerous efforts since the early 1980's to get the Faculty more involved in collection development, but on the issue of new journals we found that we were actually alienating our users because we could not provide them with a journal collection that was adequately responsive to their needs. I had visions of users picketing outside the Library. No matter how real the crisis, however, the fact still remained: no new money for journal subscriptions was likely to be found under the existing circumstances.

Although we had always taken great care in selecting journals we suspected that a number of these were not being used for several reasons; a shift in interests, a change in direction of the journal coverage, among others. Therefore, we decided to find the money for some new titles by cancelling others which were not being used.

We had our suspicions but how could we know for sure which titles were no longer being used? We decided that a journal-use survey would be an effective way to answer this question. The survey would give us a small sub-set of a total collection numbering more than 1400 titles which we could then choose to evaluate further. Those journals which showed active use would need no more evaluation because they were obviously meeting some user needs.

After a quick review of the literature on journal-use surveys, we decided to model ourselves on methodology outlined in a paper by Dianne Langlois and Jeanne Von Schulz in the May/June 1973 issue of *Special Libraries* entitled: "Journal Use Survey: Method and Application". The R.E. Gibson Library at the Applied Physics Laboratory of Johns Hopkins University was quite similar to the Health Sciences Library at McMaster in that their journals did not circulate and patrons could do their own photocopying at self-service machines. Reference journals, current awareness journals abstracts and indexes were excluded from the survey since these had been chosen in the first place to provide access to the rest of the journal collection.

Before the actual survey began we embarked on a public relations campaign to gain the co-operation of both the patrons and the staff. The survey took place between January and April 1983, the Library's busiest period.

I will not detail our method beyond saying that we kept track of use for current issues, bound volumes and all items photocopied by the Library's photocopy service, partly by attaching a card to each journal.

Even though one might expect a journal-use survey to be extremely time consuming, in actual fact our survey did not take much extra time or effort. The collection of data went very smoothly. Any fears that users would madly make hundreds of ticks on the cards stapled to their favourite journals were soon dispelled. In fact, a lot of enthusiasm for the project was generated by getting users involved in the process of evaluation.

At the end of the survey when all of the marks were added up and each journal was given a total number of uses, we had identified 128 low-use titles, subscriptions for which totalled approximately \$11,000; low-use titles were identified as those which were used fewer than 4 times in a period of 3 months. Now that we had a more manageable number of journals to study, we began our evaluation of the low-use journals for possible cancellation.

The response we received from Faculty was so positive during the survey period that we decided that more Faculty participation was desirable. We wanted to get them involved in helping us find a solution to our problem.

To accomplish this, we sent each of the 450 full-time Health Science Faculty members a questionnaire with the results of our survey. The questionnaire included also a request for comments on a list of new recommended titles and an opinion poll on *Excerpta Medica* upon which I will not report here. To be sure any decisions we might make about cancellations were not going to affect the work of the other departments on campus or create a weakness in the overall University Library collection, questionnaires were also sent to the chairperson of each department on campus and the Science and Engineering Library Users' Group, the University Collections Librarian and the Science and Engineering Librarian.

The questionnaire was designed to ask the Faculty to consider the following evaluative criteria:

1. The journal's relevance and usefulness
2. The adequacy of the indexing
3. Whether the language of the journal affects its usefulness
4. Whether the subscription cost was reasonable relative to the amount of use the individual would make of the journal

Ample room was left for comments.

We managed to get a respectable 60% rate of return on the survey.

After the data were analyzed the library staff met to draw up recommendations for cancellations. In this round of evaluation the following criteria were used:

1. The number of Faculty who indicated the journal was essential or of some interest. (We had to recognize that some departments, such as Ophthalmology, were quite small and therefore the amount of use or interest expressed for a journal in this field would be less than for one of interest to a larger department).
2. The availability of the journal through other libraries in the Hamilton area.
3. Whether the journal was adequately indexed in the published sources held by the library.
4. Whether the journal was a review or research journal.
5. Whether the subject of the journal fell within the scope of the collection development policy.
6. How well the subject was covered by other journals in the collection or whether the journal was purchased specifically to meet the skeletal collection requirements of the collection development policy.
7. Whether the cost of the journal was justified by the number of users who were interested in it.

Our deliberations resulted in a list of journals recommended for cancellation, journals to be retained and a few which required more input from the Faculty. These recommendations were taken to a special Task Force whose job it was to make the final recommendations for cancellations to the Library Users' Committee. The Task Force was composed of the Library's Director, the Acquisitions and Serials Librarian, a Reference Librarian, Chairperson of the Library Users' Committee, and two other interested Faculty.

The Task Force involved the Faculty once again in order to take advantage of their subject expertise. We wanted also to foster positive support for the Library Users' Committee and the users by showing that the Library was making every effort to be sensitive to user needs.

At a joint meeting of the Library Users' Committee and the Departmental Faculty Library Representatives, 66 titles were approved for cancellation.

This whole evaluation process - the user survey, the Faculty questionnaires, Librarian's meeting, the Task Force for journal evaluation and the Joint Users' Committee meeting - took many months to complete because the Faculty was so heavily involved at every step of the way. The results, however, were that we were able to buy some new titles and that we also evaluated our journal collection gaining valuable support for the Library's in the process.

We will continue to nurture the support of our users to evaluate new subscriptions and select new titles on a continuing basis. How we intend to do this would most certainly form the basis for another paper.

Evaluation of a journal collection tends to be put off because it takes time, effort and money to complete and maintain successfully. Perhaps the answer is not to wait for the nudge of necessity - whether it's lack of adequate funding, lack of space or a hospital accreditation - but to start now in some small way - maybe do a survey or a questionnaire on one subject at a time... Evaluation is a continuing process, a very important aspect of collection development and any effort that can be made in this area is certainly appreciated by Library users.

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Suzanne Maranda
Health Sciences Resource Centre

MEDLARS* Training at CISTI

The Health Sciences Resource Centre (H.S.R.C.) has trained hundreds of individuals to search the National Library of Medicine's MEDLARS system since 1976. These people were from diverse backgrounds, but it is only during the last year that we have seen the course participants form two very distinct groups.

One group consists of the individuals who know online searching. They use or have used other systems, and want to learn MEDLARS. Included in this group are those end-users, mostly health professionals, who have used a micro computer for some time, and therefore understand the mechanics of input and retrieval basic to online searching.

Then there are the individuals who have had no exposure to the principles of machine searching. This group is not dwindling, as we first thought it would. There are still many people who find themselves involved in the increasingly pervasive information business, who have never been close to a computer terminal.

In the past we would adapt our teaching, as best we could, to the level of the majority in the class. There were always a few ahead of the group and some who could not catch up: a normal classroom! But we could not consider "normal" a group where half the class found the curriculum easy while the other half could not grasp the logon procedure. As a result, some got extended coffee breaks and others did not get a coffee break...

To accommodate both groups and teach at the required level, H.S.R.C. will now offer two introductory courses. The same course material will be covered in both sessions, but in the Intro I more time will be spent on the mechanics of searching, boolean logic, and other basic concepts. All the essential commands and techniques to search MEDLINE will be taught during the first day. Day 2 will be almost exclusively about MESH. On day 3, the other commands and techniques, such as STRINGSEARCH, OFFSEARCH and AUTOSDIS, will be presented. Participants of the Intro II will probably get more online time to work on individual problems or other exercises supplied by us, since the material covered on the first day of the Intro I will probably be dealt with in one morning.

Starting with the April 1986 course, the new schedule will alternate between the two levels:

April 9 - 11	Intro I
May 7 - 9	Intro II
June 4 - 6	Intro I

A July or August Intro II will be offered as required.

* A registered acronym for MEDical Literature Analysis and Retrieval System

Did you know . . . ?

- H.S.R.C. will be making regular contributions to **CISTI News** beginning with the Spring 1986 issue. You can keep up with what's going on at CISTI by putting your name on the mailing list for **CISTI News**. Telephone (613) 993-3736 or write to:

CISTI Publications
NRC Bldg. M-55, Montreal Road
Ottawa, Ontario
K1A 0S2

- Similarly you can keep up with events at the National Library of Medicine by putting your name on the list to receive the **National Library of Medicine News**. To receive this newsletter write to:

Office of Inquiries and Publications
National Library of Medicine
8600 Rockville Pike
Bethesda, Maryland
U.S.A. 20894

- Even though neither H.S.R.C. nor N.L.M. have supplied MEDLARS search tools since 1983, we still get requests for them. To save yourself time and aggravation please direct all requests for MEDLARS search tools to:

NTIS: National Technical Information Service
U.S. Department of Commerce
5285 Port Royal Road
Springfield, Virginia 22161
Att: A. Rivers, Product Manager for MEDLARS

- Dianne Kharouba, H.S.R.C. staff member had a baby boy, Stephen Edward, on February 21, 1986, a brother for Heather and Alexander. Congratulations, Dianne!

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ

Suzanne Maranda
Health Sciences Resource Centre

L'initiation au MEDLARS* à l'ICIST

Depuis 1976, le Centre bibliographique des sciences de la santé (C.B.S.S.) a initié des centaines de personnes au système MEDLARS de la National Library of Medicine. Ces personnes n'avaient pas toutes la même expérience; toutefois, au cours de la dernière année, nous avons constaté deux tendances bien distinctes dans le profil des participants.

Le premier groupe est composé d'individus qui possèdent une expérience de la recherche en direct, utilisent ou ont déjà utilisé d'autres systèmes informatisés, et désirent maintenant s'initier à la recherche dans le MEDLARS. Sont inclus dans ce groupe, les utilisateurs ultimes, principalement des professionnels de la santé, qui depuis quelque temps utilisent un micro-ordinateur et par conséquent comprennent les mécanismes d'entrée et d'extraction des données propres à la recherche en direct.

Viennent ensuite les individus qui n'ont aucune idée de ce qu'est la recherche automatisée. Ce groupe n'a pas tendance à disparaître comme nous l'avions d'abord cru. En fait, de nombreuses personnes n'ayant jamais eu à se servir d'un terminal doivent maintenant répondre à des besoins d'information sans cesse grandissants.

Par le passé, nous adaptions autant que possible, notre enseignement au niveau du plus grand nombre de la classe. Comme dans toutes les classes normales certains étaient plus avancés alors que d'autres éprouvaient des difficultés. Cependant, nous ne pouvons plus considérer normale une situation où la matière est facilement assimilée par la moitié de la classe alors que l'autre n'a pas encore saisi la procédure d'entrée en communication. Certains pouvaient donc se permettre de longues pauses-café, alors que d'autres n'avaient même pas le temps de prendre un café...

Afin de répondre aux exigences des deux groupes et fournir un enseignement approprié, le C.B.S.S. offrira dorénavant deux cours d'introduction. La même matière sera couverte dans les deux cours, mais le cours Intro I consacrera plus de temps aux mécanismes de la recherche, à la logique booléenne et autres concepts fondamentaux. Les instructions et les techniques essentielles de la recherche dans MEDLINE seront abordées au cours de la première journée. Le deuxième jour sera consacré presque exclusivement à MESH et le troisième jour aux autres instructions et techniques comme STRINGSEARCH, OFFSEARCH et AUTOSDI. Les participants du cours Intro II auront probablement l'occasion de travailler davantage en direct à la résolution de leurs problèmes ou sur des exercices que nous leur fournirons étant donné que la matière couverte en une journée dans le cours Intro I le sera en une demi-journée dans ce cours.

À compter du mois d'avril, les cours des deux niveaux seront donnés en alternance:

9 au 11 avril	Intro I
7 au 9 mai	Intro II
4 au 6 juin	Intro I

Au besoin, un cours Intro II sera offert au mois de juillet ou au mois d'août. Intro I et Intro II ne sont offerts qu'en anglais étant donné le nombre insuffisant d'inscriptions aux cours offerts en français.

* Sigle déposé de MEDical Literature Analysis and Retrieval System.

En bref

- Tenez-vous au courant de ce qui passe à l'ICIST en vous inscrivant sur la liste d'envoi du bulletin Actualités ICIST. Dès le numéro du printemps 1986, le C.B.S.S. publiera une chronique régulière dans ce bulletin. Téléphonez ou écrivez à:

Publications de l'ICIST
CNRC, bâtiment M-55
Chemin de Montréal
Ottawa, Ontario
K1A 0S2
No de téléphone: (613) 993-3736

- De la même façon, soyez informés des activités de la National Library of Medicine en vous inscrivant sur la liste d'envoi du bulletin National Library of Medicine News. Pour recevoir ce bulletin, adressez-vous à:

Office of Inquiries and Publications
National Library of Medicine
8600 Rockville Pike
Bethesda, Maryland
U.S.A. 20894

- Depuis 1983, le C.B.S.S. et la N.L.M. ne vendent plus les outils de recherche de la N.L.M. Des demandes pour ces documents continuent toutefois de nous parvenir. Afin de vous épargner du temps et des énergies, veuillez adresser toutes les demandes d'outils de recherche du MEDLARS à:

NTIS: National Technical Information Service
U.S. Department of Commerce
5285 Port Royal Road
Springfield, Virginia 22161
Attn: A. Rivers, Product Manager for MEDLARS

- Dianne Kharouba, membre du personnel du C.B.S.S. a donné naissance le 21 février dernier à un garçon prénommé Stephen Edward; un petit frère pour Heather et Alexander. Toutes nos félicitations, Dianne!

IN MEMORIAM: GEORGE EMBER

**Marilyn Schafer
Health Sciences Resource Centre**

Our dear friend and colleague George Ember passed away in March 1986, following a sudden heart attack.

Since his retirement in November 1982, George had been active as a consultant on international projects. At the time of his death, he was helping to organize the 1986 Congress of the Federation internationale de documentation, to be held in Montreal in September.

He had worked at CISTI for 14 years in several key positions. His contributions to CISTI included the establishment of the Health Sciences Resource Centre, the implementation of the Canadian MEDLARS program, the introduction of the Canadian Online Enquiry Service CAN/OLE, and the founding of the Information Exchange Centre for Federally Supported Research in Canadian Universities.

He has served as Secretary to the Advisory Board on Scientific and technological Information and Secretary to the Canadian National Committee of the Federation internationale de documentation. In addition, he advised and represented the Director of CISTI in the area of CISTI's international relations and sat on the Board of Directors of the Canadian Film Institute.

George came to Canada in the 1950's. In his native Hungary, George had been a well-known journalist, broadcaster, and author. Before joining CISTI, he worked with Hans Selye at McGill University.

George was one of nature's noblemen, an exceptional individual whose intellectual curiosity, passion for knowledge, and tireless energy in pursuing whatever task he chose to undertake were matched by his generosity and kindness to all he met.

We know that our shock and sorrow at his unexpected passing will be shared by the many people in the information community whose lives he touched during his remarkable career.

NÉCROLOGIE: GEORGE EMBER

Marilyn Schafer
Health Sciences Resource Centre

Notre ami et collègue, George Ember, est décédé en mars dernier des suites d'une crise cardiaque.

À la retraite depuis novembre 1982, George a participé à titre de conseiller à de nombreuses activités internationales. Au moment de sa mort, il travaillait à l'organisation du congrès de la Fédération internationale de documentation qui se tiendra à Montréal au mois de septembre 1986.

Au service de l'ICIST pendant 14 ans, il est de ceux qui ont travaillé à mettre sur pied le Centre bibliographique des sciences de la santé, le programme canadien du MEDLINE, le Service d'interrogation en direct CAN/OLE et le Centre d'échange de l'information pour la recherche dans les universités subventionnée par le gouvernement fédéral.

Il a été secrétaire de la Commission consultative sur l'information scientifique et technique et secrétaire du Comité national canadien de la Fédération internationale de documentation. Il a également été conseiller du directeur de l'ICIST en matière de relations internationales et représenté ce dernier lors d'événements internationaux; il a de plus siégé au conseil d'administration de l'Institut canadien du film.

Arrivé au Canada dans les années 50, de sa Hongrie natale où il était un journaliste et un écrivain bien connu, il a travaillé avec Hans Selye à l'Université McGill.

George était un homme exceptionnel dont la curiosité intellectuelle, la soif de connaissances et l'énergie infatigable déployée à accomplir le travail entrepris, n'avaient d'égales que la générosité et la gentillesse.

Le désarroi et le chagrin que nous ressentons face à sa disparition soudaine sont sans aucun doute partagés par tous ceux qui l'ont rencontré au cours de sa remarquable carrière dans le domaine de l'information.

UPCOMING MEETINGS

CHLA Annual Meeting Montreal, June 15-18, 1986

Don't forget to register for CHLA's Tenth Annual Meeting, if you have not already done so. For more information and additional registration forms contact: Hanna Waluzyniec, Medical Library, McGill University, 3655 Drummond St., Montreal, Quebec H3G 1Y6

See you in Montreal!

Ontario Hospital Libraries Association October 28, 1986

OHLA's first Annual Meeting will be held at Women's College Hospital in Toronto and will have as its theme **Quality Assurance - Measurement of Library Services**. Optional tours of a select number of hospital libraries will be arranged for October 29, 1986.

Ontario Medical Association Biennial Workshop

If there is sufficient demand the Ontario Medical Association will offer a one-day basic library skills workshop to precede the OHLA Annual Meeting on Monday, October 27th in Toronto. This workshop would be for hospital library staff **who have not had any formal training**. Anyone interested in attending is encouraged to contact Jan Greenwood at the O.M.A.

Master or Servant?: Technology for Libraries, Learning, & Living Friday 4 - Monday 7 July 1986

Going to the U.K. in July? For more information about this conference to be held at the University of Newcastle-Upon-Tyne, contact: Registration, Mrs. Christine Porter, Librarian, Postgraduate Centre, Friarage Hospital, Northallerton, Yorkshire DL6 1JG. (Tel. 0609 779911 ext. 2526)

The Biomedical Literature: Meeting the Challenge October 15 - 17, 1986

The Upstate New York and Ontario Chapter/MLA has issued a call for papers for its annual meeting. Those who are interested in giving a 15 - 20 minute presentation should forward title, abstract, and brief biography to: Nancy Fabrizio, Health Sciences Library, Abbott Hall, SUNY Buffalo, Buffalo, N.Y. 14214.

NEW PUBLICATIONS

Physicians Online Report

The following monograph describing the final results of a pilot project to assess the usefulness of currently available online information systems to physicians in practice settings is now available. The report includes resources and training materials for physicians who are currently using or considering using online medical databases.

Marshall JG; Banner S; Chouinard JL **Physicians online: final report of the Canadian Medical Association iNet trial including a resource guide to computerized medical information services.** Ottawa: Canadian Medical Association, 1986. Price: \$10.00

Send a purchase order, cheque or money order to: Council on Medical Education, Canadian Medical Association, P.O. Box 8650, Ottawa, Ontario K1G 0G8.

Pain Control Symposium

Pain is the most common symptom of advanced cancer and various experts agree that up to 25% of all cancer patients receive sub-optimal pain control. The Report of Canada's Expert Advisory Committee on the Management of Severe Chronic Pain in Cancer Patients noted that inadequate pain management is due to:

1. Inadequate application of available skills and knowledge - particularly the improper utilization of opiate analgesics.
2. Entrenched attitudes and behaviors in the health care professions - which have not evolved in accord with advances in understanding of pain and its management.
3. Lack of access to or availability of pain services - because of geographic, social and other factors.

To make available an effective continuing medical education program in this area of need, The Department of Pharmacology of the University of Toronto and Purdue Frederick Inc. co-sponsored the 1984 International Symposium on Pain Control. The 2 1/2 day symposium explored three areas of concern to clinicians.

1. The Physiology, Psychology and Pharmacology of Pain and its Control.
2. The Optimal Use of Narcotic Analgesics and Sustained Release Morphine Tablets in Patients with Cancer Pain.
3. The Clinical Pharmacokinetics of Opiates.

The presentation of some 30 investigators from Canada, The United States, the United Kingdom and Europe have been compiled into the **Proceedings of the 1984 International Symposium on Pain Control**. Copies of the proceedings are available free of charge to physicians, allied health professionals and medical libraries from Purdue Frederick, 123 Sunrise Avenue, Toronto, Ontario M4A 1A9. The distribution date is tentatively set for September 1, 1986.

Synopsis: A Canadian News Service for Biomedical Ethics

Volume 1, issue 1 of this publication appeared in November 1985. As the title suggests, **SYNAPSE** is intended to serve the biomedical ethics community in Canada, including teachers, researchers, health care professionals, policy makers, journalists and members of the public. To obtain a one-year subscription (4 issues) a cheque in the amount of \$25.00 should be made payable to SYNAPSE/C.R.I.M. and mailed to Center for Bioethics, 110 Pine Ave. W., Montreal, Quebec H2W 1R7.

CALL FOR PAPERS

With the advent of the 4-issue Volume 8 close upon us the Editors feel more than ever the need to tighten BMC planning. Theme issues have been found to be popular with readers and editors alike and the new quarterly, with one issue devoted to the Annual Meeting, will allow for only 3 such issues a year.

Among ideas discussed at a recent editorial meeting are:

1. Technical Services: incorporating, possibly, some practical procedural advice for small hospital libraries, as well as such topics as automation and management.
2. The library's role in the continuing education programs for the parent institution.
3. Papers from students in library schools and library technician programs.
4. The employment picture in the health sciences information field, including "alternative" job environments.
5. Writing reports and papers; giving talks and organizing (in-house professional development?; local chapter?) workshops.
6. Geriatric/gerontological information, including palliative care literature.

If you have

1. a preference or objection to any of the above topics
2. a willingness to contribute to one or more theme issues
3. other contributors to suggest
4. other topics to suggest

PLEASE CONTACT YOUR EDITORS

NEWS AND NOTES

POSITION AVAILABLE**Director of the Hospital Library**

The Hospital for Sick Children, a health care teaching and research facility requires an individual to assume responsibility for the hospital library.

Qualifications

At least two years management experience in all facets of a health science library.

An M.L.S. from an accredited library school.

Experience with online searching.

Familiarity with the organization and operation of a multi-media instructional resource facility

Responsibilities

The successful candidate shall be responsible for the co-ordination of a staff of six in the planning, organization and directing of library operations in the hospital library which contains 20,000 journal volumes, 6,000 books and involves annual subscriptions to 500 periodicals. The hospital provides a salary commensurate with experience and qualifications. Interested applicants should submit a resume as soon as possible, in confidence, to the Department of Human Resources, 555 University Ave., Toronto M5G 1X8

* * * * *

THE LOUIS RIEL TEACHERS' BRIGADE

The Louis Riel Teachers' Brigade is a Tools for Peace affiliated work brigade going to Nicaragua in July of this year to construct and equip a school and first aid centre. The Brigade consists of teachers, students, health professionals and a librarian. Each member of the Brigade is responsible for financing their own trip. Donations and fundraising efforts are necessary to fund the actual construction project.

Since the revolution in 1979, improvements in health care and education have been a priority in Nicaragua. Through a massive literacy campaign in 1980 the literacy rate was reduced from 50.3% to 12.96% and as a result of these efforts, Nicaragua's literacy programme was awarded the UNESCO literacy prize in 1980. Health clinics have been constructed in many rural areas of the country which previously had little or no access to medical aid. In solidarity with these efforts, the Louis Riel Teachers' Brigade will contribute their time and effort and on their return to Canada, will share their experiences and impressions with their colleagues and various interested groups.

If you would like to assist us in financing this project, please make cheques payable to Tools for Peace - Louis Riel Teachers' Brigade (LRTB). Please send donations to:

Louis Riel Teachers' Brigade
c/o Mary Bissell
100 Bain Ave., #22 The Maples
Toronto, Ontario
M4K 1E8

I am donating _____ to the Louis Riel Teachers' Brigade.

Name: _____

Address: _____

I would be interested in receiving more information about the Brigade _____

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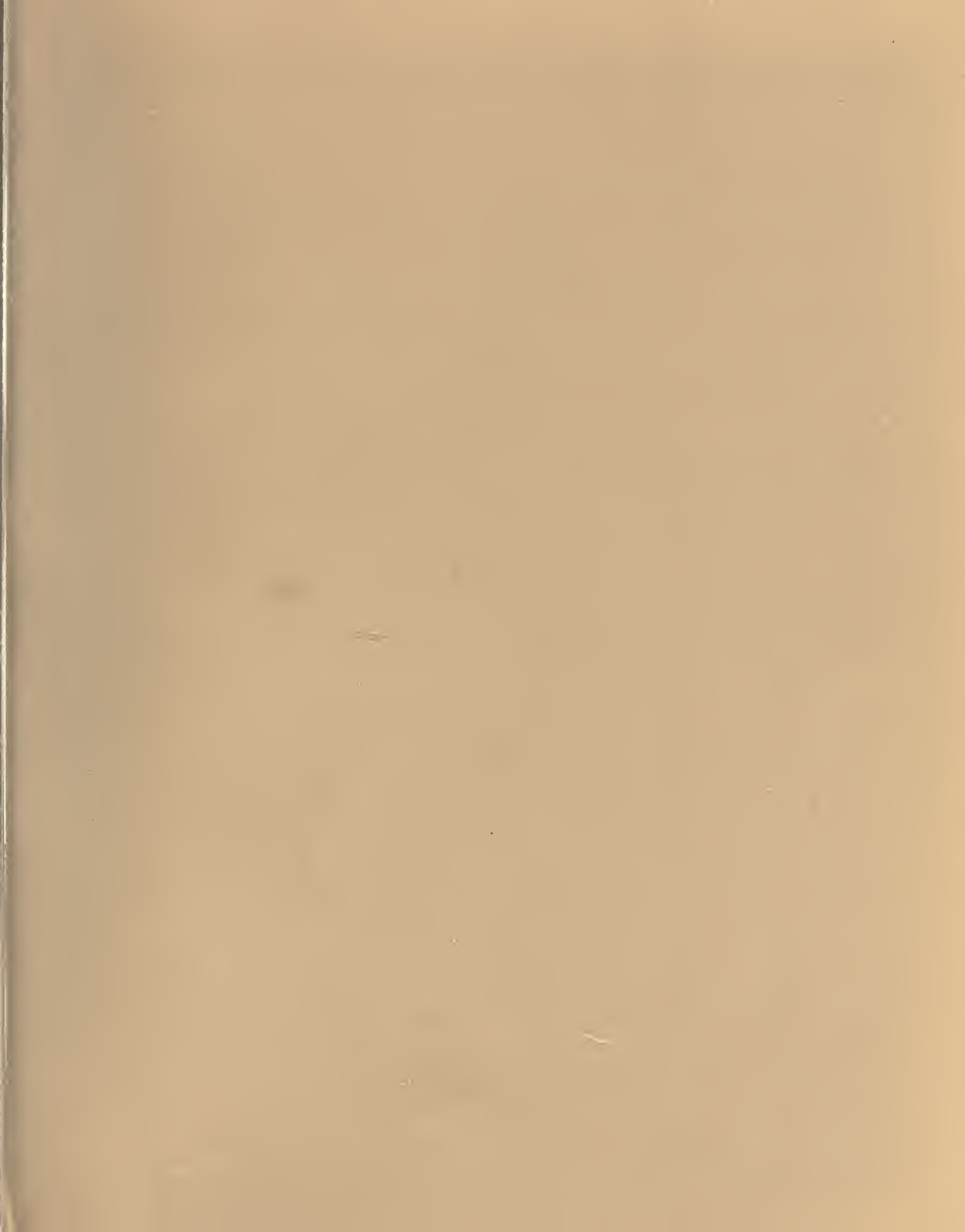
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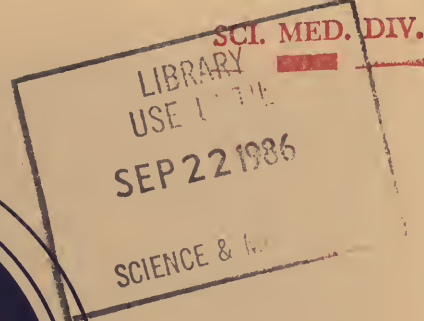
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The Bibliotheca Medica Canadiana is a vehicle for providing increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editors are also welcome. Submissions in English or French are welcome, preferably in both languages.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

PUBLISHING SCHEDULE

1986/87

The deadlines for submission of articles to Volume 8 are as follows:

8:2 September 12, 1986
8:3 November 28, 1986
8:4 March 13, 1987

CALENDRIER DE PUBLICATION

Les dates limites pour des articles pour les envois à paraître:

8:2 12 septembre 1986
8:3 28 novembre 1986
8:4 13 mars 1987

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LIBRARY AND INFORMATION SCIENCE ABSTRACTS (LISA)

INDEXÉ PAR

CUMULATIVE INDEX TO NURSING & ALLIED HEALTH
LITERATURE (CINAHL)

FROM THE EDITORS

The Editor cannot, alas, compete in this issue with the travels of Dorothy Fitzgerald whose musings on the health library scene from Minneapolis to Sweden and Iceland follow in her **Word from the President**. CHLA in Montreal, however, provided food for thought, soul and body.

Hanna Waluzyniec, and the other members of the 1986 Organizing Committee, took to heart the conference theme, **In Pursuit of Excellence**. CHLA members who were lucky enough to attend were exposed to a wide variety of stimulating presentations on topics as varied as McGill's Osler Library, the 5th International Congress on Medical Librarianship and optical disc technology. Professor Margaret A. Somerville's keynote address on legal and ethical imperatives was enthusiastically received, as was the panel presentation on end user searching. This issue of **BMC** contains the minutes of the Annual General Meeting; conference papers will be published in 8(2).

So much for thought! Montreal is a city to warm the soul and feed the flesh. Thanks to Sandra Duchow delegates received a comprehensive guide to the city's restaurants. Fate brought us fine weather, the Chinese exhibit, **Treasures and Spondors**, and a wonderful retrospective on Miro's sculpture and paintings. The banquet, which offered formidable portions of Greek food and entertainment, was very well attended and the Reception provided a fine beginning to the 10th Anniversary Meeting. Now that another milestone has passed one can only thank the Montreal team for their efforts and wish the B.C. organizing committee similar success in Vancouver next year.

This is my last issue as Editor of **BMC**, a responsibility I relinquish with some ambivalence. It has been a great learning experience, and Bonnie Stableford and Tom Flemming have been a joy to have as editorial colleagues. The knowledge and diligence they brought to the editorial process is exceeded only by the fastidious (not to say obsessive) attention they lavish upon food, wine and the finer things of life. Ah, I feel nostalgic already for those editorial meetings which were not, I hasten to add, charged to CHLA. (Bill Maes, our Treasurer, is a hard man). Thanks are due too to David Crawford, Bruna Ceccolini and others at McGill who were so helpful each issue at the zero hour, and to Robert Serre for his prompt translations. In particular I feel a gratitude to Susan Eckert of the O.M.A. who worked tirelessly in "pursuit of excellence" on behalf of you and me. May Tom and Lynn Dunikowski, the new Assistant Editor, fare as well. To them I say good luck and bon appetit! The readers, to whom I am also grateful, are in good hands.

Jan Greenwood
Editor

Tom Flemming
Assistant Editor

A WORD FROM THE PRESIDENT

Dorothy Fitzgerald

During May and June of this year I travelled to Minneapolis, Sweden, Iceland and Montreal to meet with groups of health sciences librarians. I found it very interesting and informative to hear about the plans and concerns of each of these groups and would like to share with you just a few of the things I learned.

As President-Elect of CHLA I attended the Medical Library Association conference in Minneapolis in May as the CHLA Liaison to MLA. The MLA Executive and senior staff were well aware that 1986 is the 10th Anniversary of our association. This was acknowledged informally at MLA and formally at the CHLA Annual Conference by an official statement of congratulations. My work on the 1986 MLA Conference Program Committee and the MLA Membership Committee served in many ways as a vehicle for my liaison activities and provided me with many useful ideas for consideration by the CHLA Board. The related problems of recruiting new members and encouraging active participation in the association are not unique to CHLA.

The MLA conference was on "Partnerships", and papers were presented on this theme from a national, institutional and personal perspective. A particularly interesting event was an open round table discussion on medical (or health sciences) informatics. While there is no agreed on definition of "medical informatics" it is generally seen as the application of computer, information and decision sciences to solve problems in biology, medicine and health care delivery. The session on medical informatics, chaired by Nina Matheson, was the result of the American College of Physicians asking MLA to work in partnership with them to plan for the introduction of medical informatics to the medical curriculum. A one day pre- or post-conference symposium is planned for next year's MLA conference in Portland Oregon. Medical informatics is an increasingly important area with implications for all of us, as evidenced by NLM's recent planning process in developing its Long Range Plan.

Immediately following MLA I spent ten days in Sweden, primarily visiting the Regional Health University in Linköping, a city of 300,000 about three hours south of Stockholm by train. This is the newest of Sweden's 6 medical schools and it will focus on primary care, teamwork training and a change in the professional's role in the direction of increased responsibility for preventive and health-promoting measures. This new Health University is admitting its first students in the Fall of 1986 and is adopting some of the principles of problem-based self-directed learning used at McMaster and recommended in the GPEP Report. Swedish health care, traditionally almost entirely hospital based, is moving toward a model incorporating primary health care as a core element.

My visit as a library consultant did provide the opportunity for me to learn about health sciences libraries in Sweden. I attended the equivalent of our HSRC Advisory Committee meeting, held at the Karolinska Institute in Stockholm. The Karolinska Library acts as the national medical library of Sweden and the members of the advisory committee are particularly interested in seeing an official regional network established for the country, with a strong back-up collection available at the Karolinska. Inadequate funds for developing comprehensive book and journal collections seems to be a general problem. Hospital libraries do appear, however, to place much more emphasis on patient resources than we do, with at least one hospital having a collection of hundreds of prints and music tapes and other resources to allow the patients to

make their rooms as pleasant as possible. As one might expect, the physical setting of each of the four libraries visited was extremely comfortable for users and staff alike, with extensive use of Scandinavian interior design. Attention to ergonomic issues clearly has a higher priority in Sweden than in Canada. Microcomputers are not much used thus far in health sciences libraries in Sweden, but a new library with the latest in computer technology for health sciences students is being planned for the Health University in Linköping. There is a Medical Librarians Committee of the Swedish Library Association rather than a separate association like CHLA. As in Canada the health sciences library community is small and widely dispersed and there is a felt need for closer ties with colleagues in similar settings. To this end the first meeting of European medical librarians will be held in Brussels this Fall.

I spent 5 days visiting friends in Iceland on the way home and they, in turn, arranged for me to spend a day with some of their hospital librarian colleagues in Reykjavik. Iceland is a fascinating country of 240,000 people, 86,000 of whom live in Reykjavik. Only 12 hospitals and health care institutions (of a total of 100) have libraries which offer regular services. There is close co-operation between the health sciences libraries in Iceland, and a free interlibrary loan system has been established. Since 1980 one of the hospital librarians has had direct access, by microcomputer, to MEDLINE and Dialog for on-line searches. As yet this is the only introduction of microcomputers in health sciences libraries in Iceland. The undergraduate medical school is part of the University of Iceland and has four quite separate departmental libraries. I was given a tour of the construction site where an old nursing residence is being converted to one large central medical library for the university. It was fascinating to discuss the possibilities regarding space and services. The major goal of the 15 member health sciences library community is to establish a central medical library for Iceland. This move at the university may well be the first major step in meeting this goal. While collections are not at all extensive in Iceland, they do have on-line access to the Karolinska in Stockholm for document delivery. As there are no residency programs in Iceland the libraries must contend with the unusual problem that physicians return after having trained in a wide variety of countries and requesting that materials be purchased in a variety of languages. There is a small core of very enthusiastic librarians in Reykjavik which is keen to establish a co-ordinated network of resources and services. They were particularly interested in the Canadian Library of Family Medicine as a possibly useful organizational model for their purposes.

The last leg of my series of trips in that five week period was the CHLA conference in Montreal. On many counts it was a very successful meeting, as reflected in the conference contributions to BMC, some of which will appear in 8(2). I couldn't help reflecting that many of the plans and concerns that were discussed informally in Montreal were also the issues that had been raised by our colleagues in Minneapolis, Sweden and Iceland.

UN MOT DE LA PRÉSIDENTE

Dorothy Fitzgerald

En mai et juin cette année, j'ai visité Minneapolis, la Suède, l'Islande et Montréal, où j'ai rencontré des groupes de bibliothécaires en sciences de la santé. Il a été à la fois intéressant et instructif d'entendre parler des projets et des préoccupations de chacun de ces groupes et je voudrais partager avec vous quelques-unes de ces expériences.

À titre de présidente élue de l'ABSC, j'ai assisté à la conférence de la Medical Library Association, tenue à Minneapolis en mai, en tant qu'agente de liaison entre l'ABSC et la MLA. Le conseil et la direction de la MLA savaient que 1986 marque le 10^e anniversaire de notre Association et l'occasion a été soulignée officiellement à la conférence de la MLA et officiellement au congrès annuel de l'ABSC par une note de félicitations. Ma participation au comité du programme de la conférence 1986 de la MLA et au comité d'adhésion de la MLA m'a donné plusieurs occasions de jouer mon rôle de liaison tout en me suggérant des idées intéressantes pour le bureau de direction de l'ABSC. Nous ne sommes pas seuls à vouloir recruter de nouveaux membres et encourager une participation active.

La conférence de la MLA avait comme thème "Partnerships" et les exposés ont abordé ce sujet sur le plan national, institutionnel et personnel. Tout particulièrement, une table ronde a permis un débat libre sur l'informatique médicale (ou des sciences de la santé). Même si aucune définition de l'informatique médicale n'est acceptée à l'unanimité, on la considère généralement comme l'application des sciences de l'information et de la prise de décisions à la solution de problèmes en biologie, en médecine et en soins de santé. La séance sur l'informatique médicale, présidée par Nina Matheson, a été organisée à la demande de l'American College of Physicians, qui désirait que la MLA collabore avec lui à l'introduction de l'informatique médicale dans le programme d'études médicales. Un colloque d'une journée est prévu avant ou après la conférence de la MLA qui doit avoir lieu l'an prochain à Portland (Oregon). L'informatique médicale est un domaine de plus en plus important qui nous intéresse tous, comme l'indique la récente démarche de la NLM en ce qui concerne son plan à long terme.

Immédiatement après la conférence de la MLA, j'ai passé dix jours en Suède, où j'ai surtout visité l'université régionale de la santé à Linköping, une ville de 300 000 habitants environ trois heures au sud de Stockholm en train. C'est la plus récente des six écoles médicales de la Suède et elle est axée sur les soins primaires, la formation en équipe et l'évolution du rôle des professionnels dans le sens d'une plus grande responsabilité en ce qui concerne les mesures de prévention et de promotion de la santé. Cette nouvelle université de la santé acceptera ses premiers étudiants à l'automne de 1986 et elle a adopté quelques-uns des principes de l'apprentissage auto-dirigé à base de problèmes utilisés par McMaster et recommandés dans le rapport GPEP. Les services de santé suédois, établis presque uniquement dans les hôpitaux par tradition, se dirigent vers un modèle qui intègre les soins de santé primaires comme élément clé.

Ma visite en tant que bibliothécaire-conseil m'a permis d'observer les bibliothèques des sciences de la santé en Suède. J'ai assisté à l'équivalent d'une réunion de notre comité consultatif de CBSS, tenue à l'institut Karolinska de Stockholm. La bibliothèque de l'institut Karolinska est la bibliothèque médicale nationale de la Suède et les membres du comité consultatif s'intéressent tout particulièrement à l'établissement d'un réseau régional officiel pour la Suède, doté d'une forte collection de réserve à

l'institut Karolinska. Le manque de fonds pour des collections globales de livres et de revues semble constituer un problème général. Par contre, les bibliothèques d'hôpital semblent accorder beaucoup plus d'importance que nous ne le faisons aux ressources pour les malades; au moins un hôpital possède des centaines de gravures et d'enregistrements musicaux et d'autres ressources qui permettent aux malades de donner à leur chambre une ambiance aussi agréable que possible. L'aspect physique de chacune des quatre bibliothèques visitées était extrêmement confortable tant pour les utilisateurs que pour le personnel, l'art décoratif scandinave étant largement appliqué. L'aspect ergonomique est nettement plus important en Suède qu'au Canada. Les micro-ordinateurs ne servent pas beaucoup, jusqu'à présent, dans les bibliothèques des sciences de la santé en Suède, mais une nouvelle bibliothèque dotée des techniques informatiques de pointe pour les étudiants en sciences de la santé est prévue pour l'université de la santé de Linköping. Au lieu d'une association distincte comme l'ABSC, l'association des bibliothèques de la Suède compte un comité de bibliothécaires médicaux. Tout comme au Canada, la communauté des bibliothèques des sciences de la santé est petite et très dispersée, de sorte qu'on ressent le besoin de contacts plus étroits avec des collègues dans une situation semblable. Ainsi, la première réunion de bibliothécaires médicaux européens aura lieu cet automne à Bruxelles.

J'ai passé cinq jours en Islande à visiter des amis avant mon retour et, avec eux, j'ai pu rencontrer, pendant une journée, des collègues en bibliothéconomie hospitalière à Reykjavik. L'Islande est un pays fascinant de 240 000 habitants, dont 86 000 se trouvent à Reykjavik. Douze hôpitaux et établissements de santé seulement (sur un total de 100) comptent une bibliothèque qui offre des services réguliers. Il existe une étroite collaboration entre les bibliothèques des sciences de la santé en Islande et un réseau gratuit de prêts entre bibliothèques a été mis sur pied. Depuis 1980, un des bibliothécaires d'hôpital a directement accès, par micro-ordinateur, à MEDLINE et à Dialog pour les recherches en direct. Jusqu'à présent, c'est le seul recours à des micro-ordinateurs dans les bibliothèques des sciences de la santé en Islande. L'école médicale de premier cycle fait partie de l'université de l'Islande et elle compte quatre bibliothèques assez distinctes. J'ai pu visiter le chantier où une vieille résidence du personnel infirmier sera transformée en une bibliothèque médicale centrale pour l'université. C'était fascinant d'étudier les possibilités en matière d'espace et de services. Les 15 membres de la communauté des bibliothèques des sciences de la santé ont comme but principal d'établir une bibliothèque médicale centrale pour l'Islande. Ce projet universitaire est peut-être bien la première démarche décisive en ce sens. Même si les collections ne sont pas très vastes en Islande, on a accès en direct à la bibliothèque Karolinska de Stockholm pour la fourniture de documents. En l'absence de programmes de résidence en Islande, les bibliothèques reçoivent des médecins formés à l'étranger qui rentrent au pays des demandes de documents dans plusieurs langues. Il existe à Reykjavik un petit groupe de bibliothécaires dynamiques qui cherche ardemment à établir un réseau coordonné de ressources et de services. Ils s'intéressent tout particulièrement à la Canadian Library of Family Medicine comme modèle éventuel applicable à leur situation.

Ma dernière escale a été la conférence de l'ABSC à Montréal. Cette rencontre a été un franc succès à plusieurs égards, comme en témoignent les exposés dans BMC (voir le numéro 8:2). Je n'ai pu m'empêcher d'observer que de nombreux projets et thèmes abordés à Montréal sont partagés par nos collègues à Minneapolis, en Suède et en Islande.

These minutes, published for the benefit of CHLA members who were unable to attend the AGM, will not be approved until the 11th Annual General Meeting to be held in Vancouver, 1987.

MINUTES

TENTH ANNUAL GENERAL MEETING

Montreal, June 18, 1986

Respectfully submitted by:

Jan Greenwood, President-Elect for
Bonnie Stableford, Secretary

1. Opening Remarks

President Diana Kent opened the meeting by thanking Hanna Waluzyniec, the Conference Chairperson and her committee members, for organizing an excellent meeting. She also extended her thanks to the 1985/6 Board of Directors and the Editors of BMC for their efforts.

2. President's Report

The President described the year as one that was both challenging and rewarding and outlined the activities of the Board of Directors during 1985/6 as follows:

- 2.1 The Health and Welfare Departmental Library was closed and the President noted that her letter of October 22 to the Honourable Jake Epp, M.P., received a personal reply for which she was grateful.
- 2.2 The National Library of Canada has experienced financial difficulties with respect to its Open Systems Interface. On behalf of CHLA D. Kent wrote a letter during July 1985 in support of this electronic communications system.
- 2.3 In June 1985 Kathy Eagleton of the Brandon General Hospital forwarded to the President, for consideration by the Board, a letter from Betty Lawrie, Director of The Management Information Systems (M.I.S.) Project. A subsequent letter from Ms. Kent to Mr. Donald Moffatt, Chairman, Federal-Provincial Sub-Committee on Productivity Improvement at the Department of National Health and Welfare resulted in a letter from one Dr. Hans H. Rubarth, Consultant, Health Administration, Institutional and Professional Services, Health Services Directorate. In his letter, dated May 27, 1986, Dr. Rubarth suggested that CHLA might assist the development of Workload Measurement Systems for hospital libraries by preparing a world-wide literature search. Dorothy Fitzgerald has agreed to take on this project.

- 2.4 CISTI response to the brief entitled, **The Role of the Health Sciences Resource Centre and Health Information Needs**, submitted by CHLA and The Special Resource Committee of ACMC. (see p. 29).

The President recommended that the response from CISTI to the CHLA brief should be summarized in **BMC** and expressed satisfaction that CISTI had approved continuing MEDLINE support services for hospital libraries through HSRC.

2.5 CANHEALTH

125 copies of CANHEALTH have been sold at \$10.00 each through the Canadian Libraries Association, allowing a net return to CHLA of \$5.00 per copy.

2.6 Consumer Health Committee

The President noted that the Consumer Health Committee was dissolved during 1985/6.

2.7 Education Committee

At its meeting on February 14-15, 1986 the CHLA Board of Directors voted to dissolve the Education Committee as of May 31, 1986 in favour of appointing an Education Co-ordinator. (See Committee Reports, p. 16).

2.8 Membership Survey and Continuing Education Needs Assessment Report

Carol Morrison and Mary Conchelos were congratulated for their comprehensive membership assessment report which will be published in a future issue of **BMC**.

2.9 CHLA Financial Status

The President reviewed briefly the financial status of CHLA, reminding members that operating expenses had continued to exceed revenues to the point where the Board felt it necessary to increase personal memberships from \$20.00 p.a. to \$40.00 and subscriptions to \$50.00. Furthermore the Board had taken the decision at its February 14-15, 1986 meeting to reduce publication of the **BMC** from 5 to 4 issues p.a.

2.10 Development of Statistics Course

A student of Professor Jeffrey Pendrill at the School of Library and Information Science, University of Western Ontario, is to develop a continuing education course outline on Canadian statistics. This project will be an integral part of the student's course, but the CHLA Board has approved a limited amount of funding to cover related expenses, e.g. photocopying.

2.11 CHLA Strategic Plan

The President thanked the Chapter Presidents and their Executives for their helpful response to the Strategic Planning Proposal. Members of the Board are addressing various issues that were raised and a draft will be circulated to all ten chapters for their further input.

2.12 The President's report was received for information only.

3. Minutes, 9th Annual General Meeting

3.1 These minutes were distributed to all in attendance at the June 18, 1986 meeting.

3.2 D. Kent noted two minor points of clarification in the minutes of the 9th Annual Meeting:

#4 BMC is being indexed in CINAHL and

#7 D. Fitzgerald's term of office on the HSRC Advisory Committee was extended to March (not May) 1986.

3.3 The minutes were moved, seconded and carried (MSC: Crawford, Harvey).

4. Treasurer's Report

4.1 The Treasurer reviewed the Interim Financial Statement for the period June 1, 1985 - May 31, 1986. (MSC: Maes, Waluzyniec)

4.2 He noted that the CIDA grant cited under **Revenue** was a loan only and that the \$3,500 relating to conference operating expenditures would likely be absorbed by revenue from the conference.

4.3 Moved that Donald N. Charness be appointed Auditor for 1986/7. (MSC: Maes, Manning).

5. Report of the BMC Editor

5.1 J. Greenwood presented a report on behalf of herself and Assistant Editor, T. Flemming. (MSC: Greenwood, Swanson).

5.2 The CHLA Board has appointed L. Dunikowski, Canadian Library of Family Medicine, as the new Assistant Editor for 1986/7.

5.3 During 1985/6 policies and procedures were developed for **BMC** and these were approved at the Board meeting of June 14.

5.4 J. Greenwood conveyed particular thanks to T. Flemming and S. Eckert, Library Assistant at the Ontario Medical Association, and to the Association itself for its tremendous support. Gratitude was expressed also to **BMC's** many contributors and supporters.

- 5.5 The outgoing Editor wished T. Flemming and L. Dunikowski good luck in their endeavours.

6. Committee Reports.

- 6.1 As committee reports are published herein only highlights follow:

- 6.1.1 1986 Conference: H. Waluzyniec reported that a total of 155 people had registered for the Conference. CE courses were fully attended and should break even financially. H. Waluzyniec thanked all of those who were involved. (MSC: Waluzyniec, Greenwood)
- 6.1.2 Education: D. Kent reported that since none of the existing members of the Education Committee was willing to stand as Chair, and since there had been no response to a call for members in BMC, she had assumed responsibility for the Committee until such time that it was formally dissolved at the February Board meeting. She conferred with A. Lambrau with respect to CE courses for the 1986 conference. As mentioned earlier in these minutes, A. Barrett has been appointed Continuing Education Co-ordinator for a two-year period, to be reviewed after one year. (MSC: Kent, Ducas)
- 6.1.3 Membership: Linda Harvey, Chair of the Committee reported the existence of 358 members, representing all 10 provinces and including members in the United States, Australia and Norway. She thanked the Board members for their support and said how much she had enjoyed the opportunity to serve CHLA. (MSC: Harvey, Miranda).

- 6.1.3.1 The following motion came from the floor:

That CHLA creates a special membership at a reduced rate for retired members.

(MSC: Flower, Swanson).

It was agreed that this motion should be taken to the Board for further discussion.

- 6.1.4 Nominations/Elections: David Crawford reported that J. Greenwood had been elected President-Elect and that A. Barrett, now of the Kellogg Health Sciences Library, Dalhousie, had been elected to the Board for a two-year term. He noted further that in future years a President-Elect and two Directors would be elected each year. Before moving his report D. Crawford noted that he was stepping down from the Board after 10 years and thanked everyone for their support. (MSC: Crawford, Harvey).

7. Chapter Reports

Brief reports were presented by the Chapter Presidents or their representatives. All of these are published herein).

8. Other Reports

8.1 HSRC Advisory Committee

The report was presented by D. Fitzgerald who noted that she and C. Callahan will be replaced by C. Hoare, Hoffman LaRoche and D. Dryden, Charles Camshell General Hospital. The third representative A. Laycock, has one more year to serve.

- 8.1.1 The October 1985 Board Meeting in Winnipeg focused upon CHA's Info-health/InfoSanté initiative; CISTI's response to the CHLA-ACMC Brief ... [is excerpted herein]. (MSC: Fitzgerald, Allen)

8.2 CHLA/MLA Liaison

In her report D. Fitzgerald acknowledged the good wishes from MLA for CHLA's tenth anniversary. Unfortunately the MLA representative, Gerald Oppenheimer, was unable to attend the CHLA conference. (MSC: Fitzgerald, Crawford)

8.3 1987 Conference

Vancouver is to host the 1987 CHLA Annual Meeting which will take place May 24-27.

- 8.3.1 The MLA 1987 Meeting will be held May 17-22, with a possibility of a short post-conference informatics program, in Portland, Oregon.

9. Honorary Life Membership

D. Kent presented to William J. Fraser, better known as "Bill" to health librarians in Canada, an honorary life membership in CHLA. This award was in recognition of his being a founder of CHLA/ABSC and his continuing significant contributions to the health library community in Canada. Bill graciously responded to D. Kent and assured the members present that he would be around for some time to come.

10. Other Business

- 10.1 Mr. T.A. King, Director of the Wessex Medical Library at Southampton General Hospital and the University of Southampton, brought greetings to CHLA members from the Medical Health and Welfare group of the British Library Association. He was reassured to find that there were many similarities between health librarianship in Canada and the U.K. and was intrigued by such differences that exist. Mr. King will encourage his group to reciprocate the good will fostered by CHLA/ABSC in waiving his conference fee. The Medical Health and Welfare group will be holding its 1987 Annual Meeting in Aberystwyth, Wales but also holds monthly meetings which are planned well ahead; Mr. King invited any CHLA member interested in attending one of these meetings to contact him.

10.2 In celebration of CHLA/ABSC's tenth anniversary, an annual award of \$500.00 will be made available to the chapter which best advances the aims of CHLA. This award was suggested by W. Maes and details of its administration will be worked out at the November Board meeting.

10.3 Transfer of the Executive

10.3.1 D. Kent again expressed thanks to the Board members and members at large for their support and, in particular, to D. Crawford and L. Harvey, who are departing from the Board, and to the Editors of **BMC**.

10.3.2 D. Fitzgerald thanked D. Kent on behalf of all the members for her very hard work as President. The meeting was adjourned at 3:15 p.m.

* * * * *

CHLA/ABSC INTERIM FINANCIAL STATEMENT JUNE 1, 1985 - MAY 31, 1986

Bill Maes
Treasurer

Opening Balance June 1, 1985 \$22,014.51

REVENUE

CIDA Grant	1,000.00	
Memberships 1985-86	6,215.00	
Conference 1985	3,571.88	
Return of Conference Operating Grant	2,000.00	
Sales and Advertising	445.11	
Interest	24.99	
Funds Transfer (1)	726.02	13,993.00

Total Funds Available	\$36,007.51
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EXPENDITURES

BMC Publication and Printing	4,076.95	
Travel	6,228.06	
Postage and Telephone	596.14	
Bank Charges	19.32	
Translations (President's Page)	525.60	
CHLA 1986 Conference Operating Grant	3,500.00	
Auditor's Report	150.00	
Sundry	1,107.03	16,203.10

Closing Balance at May 31, 1986	\$19,804.41
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STATEMENT OF ASSETS AT MAY 31, 1986

Bank - Savings	\$18,355.24
Chequing	1,449.17
	\$19,804.41

1. Monies accumulated in Edmonton (chiefly memberships and interest) before the transfer of CHLA funds to Calgary and after the completion of the auditor's report.

REPORT OF THE EDITORS - BIBLIOTHECA MEDICA CANADIANA

Jan Greenwood
Editor

Tom Flemming
Assistant Editor

1. SCHEDULE FOR VOLUME 7

<u>Issue</u>	<u>Theme</u>	<u>Pages</u>
#1	Conference Issue	44
#2	Co-operative Health Library Arrangements	52
#3	Rehabilitation	44
#4	Hospital Library Services	48
#5	End-user Searching	48
Total:		236

2. FINANCIAL MATTERS

- 2.1 For a full account of BMC costs see the CHLA/ABSC Interim Financial Statement June 1 - May 31, 1986 (p. 12).
- 2.2 At two Board meetings the subject of pursuing the possibility of raising additional revenues through advertising in BMC was discussed.
- 2.3 The Editors expressed extreme reluctance to get involved in advertising because of the additional administrative burden and the responsibilities to advertisers that would be entailed.
- 2.4 The Board instructed the Editors to pursue the matter of obtaining advertising revenue for the covers of each issue only but this matter remains unresolved at year-end.

3. BMC POLICIES AND PROCEDURES

- 3.1 Policies for contributors and editors were drafted by the Editors and approved by the Board in 1986.
- 3.2 J. Greenwood has drafted written procedures for BMC Editors, a copy of which has been given Tom Flemming (incoming Editor) and will be forwarded to the incoming Assistant Editor.

4. CHANGE IN SCHEDULE FOR VOLUME 8

- 4.1 At the February meeting of the CHLA Board a decision was made to reduce publication of **BMC** from five to four times p.a. The intention of the Board is to reduce production costs while maintaining the journal's quality.

5. ACKNOWLEDGEMENTS

- 5.1 The Editor wishes to thank the Board and Tom Flemming for their support during the past year, and to Bonnie Stableford for her able and patient instruction during 1984-5.
- 5.2 **BMC** owes an immense debt to Susan Eckert of the Ontario Medical Association Library for her diligent efforts during the past year, and to the Association itself for its considerable support.
- 5.3 In addition, the Editor is grateful to the many CHLA members who have expressed their support for **BMC**, and particularly to those who contributed papers. It has been a real pleasure to serve as **BMC** Editor.

6. NEW EDITORS

- 6.1 The Editors recommend to the Board that Ms. Lynn Dunikowski, Canadian Library of Family Medicine, be appointed to the position of Assistant Editor for 1986-7.

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REPORT OF THE MEMBERSHIP COMMITTEE, 1985/86

Linda Harvey
Chair

There are 358 CHLA/ABSC members, covering all 10 provinces, the U.S., Australia and Norway. There are also 42 subscribers to **Bibliotheca Medica Canadiana**, from Canada, the U.S., and England. Hospital libraries continue to account for almost half the membership. Membership information was sent to all chapter presidents, Canadian library schools, and selected libraries from the CISTI directory **Health Science Information in Canada - Libraries**. Although active recruitment by chapter presidents and response to mailings from the Membership Chair have been quite successful in recruiting new members, a disappointing number of members chose not to renew this past year. In order to determine why a form letter with a check-off list of reasons for non-renewal was sent to all lapsed members and to chapter presidents. Of 50 letters sent, 24 replies were received. Of these, 13 had or were intending to renew, 10 were either retired, unemployed or no longer in health librarianship, and only 1 found membership no longer beneficial. As well, other avenues for promoting CHLA/ABSC membership were investigated and presented to the Board.

As I am completing my two year term as Membership Chair I would like to take this opportunity to thank all members and particularly Board colleagues and chapter presidents for their enthusiastic and active participation in membership recruitment.

REPORT OF THE EDUCATION COMMITTEE 1985/86

Diana Kent
Acting Chair

The 1985/86 Education Committee consisted of four members out of a possible eight. They were located in Halifax, Ottawa, London and Winnipeg. Although a call for new members was published in the **BMC** in the Spring of 1985, and announcements were made at the CHLA/ABSC Annual Meeting in June, no new members came forward to join the Committee.

Because none of the remaining members wished to become the Chair and to assume the difficulties of communicating with Committee members residing in widely separated areas of the country, I assumed the role of Acting Chair.

ACTIVITIES

The Education Committee as a Committee has been dormant for the past year.

As Acting Chair, I conferred with the 1986 Conference Continuing Education Chair, Angella Lambrou, about the CHLA-sponsored courses to be offered in Montreal and their accreditation by the Medical Library Association. Because CHLA officially endorsed the **MLA Criteria of Quality** in June 1985, MLA readily accredited these two courses and no further difficulty with accreditation is expected for future courses.

In the Fall of 1985, I discussed with Margaret Taylor, the former Chair of the Education Committee, the necessity of having a CHLA liaison to the Canadian Library Association Continuing Education Co-ordinating Group. CLA insists that any CHLA liaison be a CLA member unless CHLA applies for special status. This matter has not been pursued as both M. Taylor and I agreed that there is little to be gained by having a CHLA/CLA continuing education representative at this time. However, a future CHLA Board may consider raising the possibility again.

As President, I polled the ten chapters by mail or telephone and asked for their opinions and suggestions about dissolving the Education Committee and replacing it with an Education Co-ordinator. The response was unanimous in favour of making this change. Therefore, the Board of Directors at its meeting on February 14-15, 1986 voted to dissolve the Education Committee as of May 31, 1986.

Ann Barrett, CHLA's newest Director, in her pre-election biographical statement expressed her interest in expanding CHLA's role in continuing education. After conferring with President-Elect, Dorothy Fitzgerald, I asked Ann to consider becoming CHLA's first Education Co-ordinator and she replied affirmatively.

RECOMMENDATION

Therefore, I recommend that Ann Barrett be appointed as Education Co-ordinator for two years with a review of performance and her interest in continuing in the position after one year.

HEALTH LIBRARIES ASSOCIATION OF B.C. ANNUAL REPORT 1985/86

Adrienne Clark
President

The outgoing executive consists of: Adrienne Clark of BCMLS, President; Ann Nelson of Hamber Library, Vice-President; Margery Nelles of Cancer Control Agency of B.C., Treasurer; Lee Perry of Woodward Biomedical Library, U.B.C., Secretary.

HLABC had 56 paid members. The four general meetings for the year were attended by an average of 35 members.

Energy was expended on a variety of activities:

HLABC Forum was published four times during the year.

Consumer Health: a Selected List, produced in March 1985, is out-of-print. The subject listing with annotations, describes publications available in local libraries.

The Union List of Serials of the Health Libraries Association of B.C., 1st ed., Toronto, McAinsh, 1985 appeared in October. It was distributed to twenty-three participating libraries. Eighteen further copies have been sold for \$15.00 each but prepaid orders are still being accepted. An update is not planned for the coming year.

The organization's major activity since February has been the planning of the **Canadian Health Libraries Association, 11th Annual Meeting**, Vancouver, May 24-27, 1987. Nancy Forbes chairs the planning committee of 15 volunteers.

The incoming executive for 1986/87 is:

President:	Ann Nelson Hamber Library B.C. Children's Hospital 4480 Oak Street Vancouver, B.C. V6H 3V4	Secretary:	Patricia Young Library Vancouver Health Department 1060 West 8th Ave. Vancouver, B.C. V6H 1C4
Vice-President/ President-Elect:	Margaret Price Woodward Biomedical Library University of B.C. 2198 Health Sciences Mall Vancouver, B.C. V6T 1N5	Forum Editor:	Judy Neill BCMLS (Continuing) 1807 West 10th Ave Vancouver, B.C. V6J 2A9
Treasurer:	Linda Einblau BCMLS 1807 West 10th Ave. Vancouver, B.C. V6J 2A9		

KINGSTON AREA HEALTH LIBRARIES ASSOCIATION ANNUAL REPORT

Gwen Wright
President

- 1) At the meeting of the O.H.A. Region 8 Librarians' Association on February 19, 1986, the name of the Association was changed to the Kingston Area Health Libraries Association. This was done to reflect better the nature of the expanded membership and to define more clearly the geographic area represented. The geographic boundaries remain those of O.H.A. Region 8, of which this Association is a Standing Committee.
- 2) Membership in the Association has expanded to include library staff from the Bracken Library, Kingston Public Library, the Cancer Clinic, hospitals in the surrounding region and individuals interested in maintaining contact with health care services. All members provide information to health care providers, or, in the case of the Kingston Public Library, to the public at large through its InfoHealth service. This service was developed as the result of joint interest and investigation by the Kingston hospital librarians, Bracken Library, Kingston Public Library, and others in the health care field, and facilitated by the Kingston Health Sciences Complex and the Kingston Frontenac and Lennox and Addington District Health Council. This Association is represented on the InfoHealth Advisory Board.
- 3) The provision of computerized literature searches of the National Library of Medicine databases and other health services related databases has grown in the past year. The libraries of the Kingston General Hospital and St. Mary's of the Lake Hospital have joined the Bracken Library and the library of Hotel Dieu Hospital in providing this service. A MEDLARS users group has been formed to enable librarians providing this service to share their expertise and problem-solving abilities.
- 4) As reported to you last year, the **Title Guide to Serials**, produced by St. Lawrence College Library, Kingston, is a co-operative project involving the hospital libraries Kingston, Bracken Library (Queen's) and the St. Lawrence College libraries on its three campuses. The Guide has been expanded to include the journal holdings of the Kingston Clinic of the Cancer Foundation and the health-related journals of the Kingston Public Library. The latest up-date of the Guide was produced in August of 1985, and is available for purchase from the St. Lawrence College Library, Kingston.
- 5) Since the last report to CHLA, the Association has held two meetings. A workshop on Quality Assurance for Hospital Libraries is planned for next year. In addition, the Executive has met three times to plan programmes, prepare reports for O.H.A. Region 8, and respond to matters of concern to CHLA.

MANITOBA HEALTH LIBRARIES ASSOCIATION ANNUAL REPORT

Ada M. Ducas
President

1985/86 Executive

President:	Ada M. Ducas, Health Sciences Centre
Vice President/ President Elect:	Doris Pritchard, Neilson Dental Library
Secretary:	Edith Konoplenko, Concordia Hospital
Treasurer:	Helene Proteau, Medical Library, University of Manitoba

The Manitoba Health Libraries Association (MHLA) has had a very interesting year highlighted by many decisions.

To date, we have had two general meetings. The first was held at the Manitoba Health Services Commission (MHSC). Mr. Fred Toll, Management Information Services, MHSC, gave an informative talk on the types of statistics the MHSC collects and the type of data that are culled from them. The results of the MHLA logo vote were announced during the business meeting. The membership of the MHLA voted to have the Emblem of Aesculapius (Greek God of Healing) as the official logo of the Association. The membership also voted to increase membership fees to \$10.00 for personal, \$20.00 for institutional and \$15.00 for associate membership. The Association has ongoing projects that incur costs, and the additional money will help defray them.

The February meeting was held at Concordia Hospital. The programme consisted of a guest speaker, Ms. Joanne Dobson, Diabetes Education Co-ordinator at the Manitoba Department of Health. She gave an overview of diabetes education in Manitoba and talked about the uniqueness of the Diabetes Education Resource Centre in helping individuals and families cope with diabetes. The business meeting was highlighted by a discussion on having one MHLA meeting a year outside Winnipeg. It was agreed in principle that it would be desirable.

The Association participated in the 17th Annual Manitoba Health Conference on April 17. The theme this year was Excellence in Health Care. Mr. Andrew Cameron, Vice President of Information Systems, C.H.A., was the guest speaker. He talked about his philosophy on what "communication information" is, and briefly discussed "Infohealth/Infosanté", a new electronic information service/gateway/network that C.H.A. officially launched across Canada on March 18. Though the network seems to be initially aimed at administrators, it does have immediate and important implications for health libraries. The second half of the programme consisted of a panel that responded to Mr. Cameron and gave their own insights. The panel comprised a moderator, a hospital administrator, an end-user, an information specialist and a librarian.

The Winnipeg Health Information Network (WHINET) is still in a state of limbo. A survey conducted last fall revealed that the WHINET concept is supported by hospital administrators in Winnipeg. Negotiations are currently proceeding with various funding bodies.

The first section of **Selected Book and Journals for Manitoba Health Care Facilities** was published. Although it was originally intended to be published as part of the **MHLA News**, the membership decided that it should be published separately. The initial section published was on Geriatrics. Future additions will be on Quality Assurance and Nursing.

The membership for the 1985/86 association year numbers 68 to date, with 34 personal, 33 institutional and one associate members.

The election of next year's executive has been completed. Judy Inglis has been elected Vice President/President Elect by acclamation. Kathy Gaudes was elected as Secretary and Helene Proteau was re-elected Treasurer.

In conclusion, I would like to thank both the Executive and the membership for their participation in MHLA committees and ongoing activities. Their support and enthusiasm made my job as president a pleasure. I wish the new Executive and Doris Pritchard, our President-Elect, a very productive and active year.

MARITIME HEALTH LIBRARIES ASSOCIATION/ASSOCIATION DES BIBLIOTHEQUES SANTE MARITIMES:
NOVA SCOTIA GROUP, ANNUAL REPORT 1985-86

Patricia MacNeil-Maxwell
President

A summary of the year's activities follows:

1. September 1985: Nova Scotia Health Libraries Association (NSHLA) joined with other groups across the country in expressing strong disapproval for the proposed move of Medlars accounts to the Canadian Hospital Association.
2. October 1985: NSHLA Executive met to discuss plans for 1985-86.
3. November 1985: First quarterly meeting of NSHLA. During the meeting, a motion was passed to make Ann Manning (Health Sciences Librarian, W.K. Kellogg Health Sciences Library, Dalhousie University) convenor for CHLA 1988.
4. The NSHLA newsletter is to be printed quarterly as a follow-up to chapter meetings.
5. February 1986: The Nova Scotia Health Libraries Association received approval from the CHLA/ABSC Board of Directors to change its name to the Maritime Health Libraries Association/Association des Bibliothèques Sante Maritimes. Meetings are to be held at least once annually in a province other than Nova Scotia.
6. February 1986: Second quarterly meeting. The Association approved the appointment of an Education Co-ordinator to work with local chapters in devising continuing education courses and workshops.
7. April 1986: New directory ready for distribution. The new title, **Health Libraries Directory of the Maritime Provinces 1985**, reflects the wider scope of the new edition, which includes health science collections in general. It is to be sold for \$5.00/copy.
8. May 1986: Third quarterly meeting.

Overall, this has been a very productive year for this chapter. We have accomplished a great deal by increasing our membership, changing our name, having our newsletter published regularly, beginning to plan for CHLA 1988 and the printing of a new directory. We look forward to even more exciting projects as our membership continues to grow within the Maritime provinces.

MONTREAL HEALTH LIBRARIES ASSOCIATION ANNUAL REPORT 1985-1986

Claire Kelly
President

Past-President:	Arlene Greenberg
President:	Claire Kelly
Vice-President:	Louis-Luc Lecompte (resigned March 11/86)
Secretary:	Janet Joyce
Treasurer:	Irene Shanefield

Three meetings of MHLA were held in the last year. On October 15, 1985, Richard Janke, Public Services Systems Co-ordinator at the University of Ottawa spoke on "Librarians and End-User Searching". Janke spoke on instituting end-user searching and demonstrated "Colleague Prompt" Service.

Our second meeting was held in January 1986 when Elaine Waddington, Library Consultant and Librarian at the Royal Victoria Hospital spoke on "Saving Time and Having Fun with the Microcomputer in the Library". Elaine ably demonstrated some of the many options which make using a p.c. attractive.

The Annual Meeting and Banquet was held on May 8th at Le Bifteque.

Five executive meetings were held during the year. Our membership stands at 104. The Union List Committee has worked diligently with McAinsh to bring the List to fruition. Sixty-two libraries are participating. Final editing has taken place and publication is expected before late summer.

Membership has been approached to consider a consortium membership in USBE. Eight libraries have shown interest. A motion will be placed before the group and a committee will be struck if approval is given.

New Officers for 1986:

Past-President:	Claire Kelly
*President:	Vacant
*Vice-President:	Vacant
Treasurer:	Julia Main
Secretary:	Joanne Baird

- * In a call for nominations, no names were received for these positions. A diligent effort is being made to find individuals willing to take on these duties. In the interim, Arlene Greenberg continues as Acting Past-President and Claire Kelly as Acting President.

NORTHERN ALBERTA HEALTH LIBRARIES ASSOCIATION ANNUAL REPORT

**Donna Dryden
President**

The Northern Alberta Health Libraries Association began the year's activities by assisting its sister chapter, the Southern Alberta Health Libraries Association, with the CHLA conference registration. Aside from the labour intensive tasks of receiving monies and writing receipts, we were able to take advantage of automation to produce the lists required for the various conference activities. All registration information was input into a DBASE III format. Using the DBASE commands and sorts, event lists were created. It was a highly successful operation.

Our first annual mid-summer social was held in July in honour of the midnight sun!

At our October meeting Jake Vanderbrink, from the Edmonton General Hospital Library, spoke about the new Millwoods Hospital and library. He presented the considerations and planning for the design of the new hospital library as well as the opportunities available for providing for a collection and service in both hospital locations.

Quality assurance was the topic of discussion at the March meeting. Participants shared their methods, standards, and items measured in a lively and enlightening discussion. As a result of the meeting a small group has undertaken to review the statistics compiled by the various libraries with a view to standardization for comparability.

Other projects that the chapter has worked on during the year have included lobbying in support of health libraries and investigation for use of duplicate exchange lists within the chapter. The chapter was initially approached to assist the Alberta Hospital Association with a teleconference on hospital libraries. Sylvia Chetner of the John W. Scott Health Sciences Library and Elizabeth Kavanagh of the Red Deer Regional General Hospital Learning Resources Centre presented a comprehensive and enlightening program. Finally, our much awaited Union List has been published and distributed to participating libraries.

The chapter has not formulated any concrete future plans. Topics of interest to the members include creation of Standards for Quality Assurance for Alberta Health Libraries; reporting mechanisms for sharing results; standards testing; and more involvement of persons providing library service in rural settings.

Our annual meeting was held on April 29th. We were fortunate to have as our speaker, Ellen Picard from the Faculty of Law, University of Alberta. Dr. Picard is involved with the Health Law Institute and we were treated to an informative evening.

The executive of NAHLA for 1985-86 was Donna Dryden, President; Lea Starr, Vice-President; Francine Lapointe, Secretary; and Sandra Shores, Treasurer. The executive for the upcoming year is Lea Starr, President; Francine Lapointe, Vice-President; Lloanne Walker, Secretary; and Pat Baxter, Treasurer.

OTTAWA/HULL HEALTH LIBRARIES GROUP - ANNUAL REPORT

Elizabeth Hawkins Brady
President

1985/86 Executive:

President: Elizabeth Hawkins Brady, Canadian Nurses Association
Secretary-Treasurer: Linda Wheeler, Sport Information Resource Centre
Program Coordinator: Dianne Kharouba, Health Sciences Resource Centre, CISTI

1985/86 Program:

1. October 10, 1985. National Sport and Recreation Centre

A business meeting was held, followed by presentations on Sport Medicine by Ms. P.J. MacLellan Shaw, Sport Medicine Council of Canada; Linda Wheeler, Sport Information Resource Centre; and Helen Chambers, A.D. Harvey Nutrition Consultants. Refreshments were served.

2. January 9, 1986. Canadian Dental Association

The second business meeting of the season was conducted. The guest speaker, Allen Gower, Senior Methodologist, Questionnaire Design Resource Centre, Statistics Canada spoke on "Evaluation of Library Services - Survey Questionnaires". This talk proved to be one of our most successful in some time. Afterwards, members had an opportunity to ask questions of the speaker, and mingle over refreshments.

3. April 17, 1986

This season's social meeting will be a luncheon held at Titbitz Restaurant. At that time, it is hoped that the new executive can be introduced. To date, only Linda Wheeler, 1986/87 President, has been identified.

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TORONTO HEALTH LIBRARIES ASSOCIATION ANNUAL REPORT

Beverly Brown
President

I am pleased to submit this annual report for the Toronto Health Libraries Association for the period July 1, 1985 to June 30, 1986.

The Executive and the editorial personnel for the 1985-86 association year have been:

President	- Beverly Brown	Past-President	- Jan Greenwood
Vice-President	- Catherine Pepper	Newsletter Editor	- Mary Boite
Secretary	- Lynda Baker	Assistant Editor	- Rita Shaughnessy
Treasurer	- Catherine Weisenberger	Editorial Assistant	- Susan Hendricks

As THLA President, it has been a pleasure to work with an Executive that is so committed to the professional growth of the association. To Catherine Pepper, in her role as programme planner, I must extend my particular appreciation for providing such varied and stimulating programmes.

Five general meetings were held during the year. The first took place on October 21, 1985 at the Toronto Institute of Medical Technology. Wendy Taylor, Co-ordinator of the Advanced Life Support Program in Toronto, described the historical context, rationale and provision of emergency pre-hospital services. THLA member Lynda Baker followed with a brief summary on database searching for material on emergency services.

Our annual Christmas party was held on December 9, 1985 at the Ontario Cancer Institute Staff House.

Toronto's Northern District Library was the location of our February 4 meeting. April Windus, Health Sciences Librarian with the Hamilton Public Library spoke to members and interested public libraries on the building of a health sciences collection and the provision of health information to the general public.

On March 24, the association met at the Parke-Davis/Warner Lambert Pharmaceutical Co. After a pre-meeting buffet dinner, and a business meeting, the members were shown slide presentations by two company pharmacists - one on the history of pharmacy and the other on self-medication and the elderly. THLA member Edna Allen then provided a short history and tour of the Warner Lambert Library.

Our annual dinner meeting was held on Monday May 5 at Toronto's Westin Hotel. Guest speaker Kathleen McConnell discussed the bias against women in the medical literature and in the practice of medicine.

In the past year the association has grown in a number of directions. Our two special interest groups - the Microcomputer Users' Group and the Quality Assurance Interest Group, have continued to meet. The library personnel serving various rehabilitative centres decided to be recognized as a third special interest group of THLA, under the name, Disability Resource Library Network.

THLA responded with concern to the Canadian Hospital Association proposal to assume responsibilities for providing Medlars services to hospitals. A commentary on Andrew Cameron's Presentation to the 1985 Health Administration Forum was prepared, as well as a more detailed letter outlining our questions and criticisms regarding the proposed new C.H.A. information network.

The Upstate New York and Ontario Chapters of the Medical Library Association and THLA jointly mailed an invitation to the M.L.A. executive urging M.L.A. to consider Toronto as the site of a future conference. Indications are that the earliest possible date would be 1993.

Work on the fifth edition of the THLA Union List of Periodicals is progressing slowly but steadily.

Past-President Jan Greenwood has produced a THLA brochure. Copies were on display at the CHLA Montreal conference.

The Nominations Committee, chaired by Jan Greenwood, worked hard to encourage eight candidates to run for offices for the 1986-87 association year. A gratifying 60% of the ballots were returned and the election results were announced at our Annual General Meeting.

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WINDSOR AREA HEALTH LIBRARIANS ASSOCIATION (WAHLA) ANNUAL REPORT APRIL 1985 - MARCH 1986

T. Janik, President
A. Henshaw, Secretary

1. **The Windsor Area Health Librarians Association** met as a full group twice this year with Windsor hospital librarians meeting several times for smaller sessions.

2. **Conferences attended:**

Two WAHLA members attended the London Special Library Group Conference on "Reference Interviews" in September. Two members attended the meeting at the O.M.A. in December to initiate a hospital librarians' association for Ontario. Two members attended the MEDLINE update workshop in Detroit, as well as the Quarterly meetings of the Metropolitan Detroit Medical Library Group. Two WAHLA members were also among the seven Canadians who attended the 5th International Congress of Medical Librarians in Tokyo in October. They all reported back to the group on any new or interesting aspects of the conferences.

3. **Quality Assurance:**

Another session on Quality Assurance was held in October, with three more Quality Assurance areas worked through. A project on Q.A. Inter-library Loans requested among WAHLA members was undertaken to check conformity of forms. I.L.L. written policies from each institution were distributed.

4. **Ongoing projects:**

Such continuing projects as the Repository Journal Agreement, the Inter-library Loan agreement with the Detroit group and the updating of Grace and Hotel Dieu's library holdings on O.C.L.C. in Michigan are periodically reviewed.

5. **The serials list** is in current revision.

Chapter News: Anne Henshaw and Hedy Bahr returned in great spirits from the 5th I.C.M.L. and a tour of China and Hong Kong.

A Spring luncheon and Christmas dinner were enjoyed by the group, as was the Summer luncheon on board the Lansdowne in Detroit.

QUELQUES NOUVELLES DU GROUPE D'INTERET DES BIBLIOTHEQUES DE LA SANTE DE L'ASTED

Louise Deschamps
President

Pour l'année 1986 les membres de l'exécutif sont:

Louise Deschamps, présidente
 Robert Aubin, secrétaire
 Madeleine Dumais, Francine Garneau, Johanne Hopper,
 Gilberte Poirier, Pierre Duchesneau

Depuis le congrès annuel 1985, vous n'avez peut-être pas reçu de nos nouvelles, mais ne vous inquiétez point, nous pensons à vous. Voici une liste de nos réalisations et de nos activités futures:

1. Fort probablement dans le numéro de juin 1986 de **Documentation et bibliothèques**, vous pourrez lire un article de Madeleine Dumais sur l'évaluation de l'efficacité d'une petite bibliothèque.
2. Le groupe d'intérêt des bibliothèques de la santé sera présent au congrès de l'Association des hôpitaux du Québec, les 28 et 29 mai 1986. (Voir lettre jointe: TRES IMPORTANT).
3. Louise Deschamps assistera à un atelier du congrès de l'ABSC (association des bibliothèques de la santé du Canada) afin de leur faire une présentation des activités de notre groupe au sein de l'Asted. (le 17 juin 1986 à 11h30).
4. N'oubliez pas le congrès annuel, qui, cette année, se tiendra conjointement avec la Canadian Library Association du 18 au 24 juin 1986 à Québec. Voici un aperçu de ce que nous avons organisé pour vous le **vendredi 20 juin**:
 - a) 10h30 à 12h00: démonstration du système de courrier électronique ENVOY 100
 - b) 12h00 à 12h30: assemblée générale
 - c) de 12h30 à 14h00: déjeuner libre
 - d) de 14h00 à 15h30: atelier portant sur l'étude de comportement de utilisateur d'une bibliothèque. Quelle est la philosophie d'une bibliothèque quand on considère l'utilisateur comme un client?
 - e) dès 18h30: dîner-rencontre organisé spécialement pour vous. Au restaurant "La Différence". Occasion de détente.

VOUS DEVEZ **PENSER TOUT DE SUITE A RESERVER** CETTE JOURNEE du 20 juin que vous ne devez pas manquer.

5. Le 19 février 1986, nous apprenions que la publication de la traduction en français du MeSH est prévue pour la fin du premier semestre 1986. Nous vous en reparlerons.

THE ROLE OF THE HEALTH SCIENCES RESOURCE CENTRE AND HEALTH INFORMATION NEEDS: A Brief to the Director of the Canada Institute for Scientific and Technical Information (1)

The Canadian Health Libraries Association

The Special Resource Committee of the Association of Canadian Medical Colleges

I. INTRODUCTION

When the Association of Canadian Medical Colleges (ACMC) published Beatrice Simon's landmark report, **Library Support of Medical Education and Research in Canada**, the seed was sown for an organization dedicated to serving the needs of the health library community. The Simon Report reviewed the strengths and weaknesses of the medical information system in Canada. It revealed the poverty of the medical school libraries which had, perforce, to act as the resource libraries of our country; it observed the absence of adequate teaching hospital libraries; it described the difficulties the members of the health science community experience in accessing the meager resources available; and it emphasized the impact that our deficient resources had on the research endeavour.

It was recognized in the Simon Report that the Medical Research Council policy of funding research at the universities rather than at the central laboratories such as the National Institutes of Health (NIH) or the National Research Council (NRC) had created a situation which made the establishment of a large central library of medicine, without a local clientele, unreasonable. It recognized the requirement that the universities form a decentralized national library of medicine and that, under a decentralized system, there was need for a central co-ordination and resource agency. Thus, the first two recommendations were:

1. That a National Bibliographic Centre and Information Service be established in the very near future;
2. That the library with which the National Bibliographic Centre is associated be developed as the main reservoir in Canada to serve in lieu of a national medical library. (Simon, 1963, p.90)

The Simon Report was accepted and acted upon by the ACMC. It resulted in increased support for the faculty libraries that would form the nodes of a decentralized library system across Canada. Further, it resulted in an ACMC committee, chaired by John B. Firstbrook, being charged to make recommendations for the establishment of a national bibliographic resource, taking into consideration the desirability of making the most effective use of existing resources.

The Firstbrook Report, issued in May of 1966, recommended that a Health Sciences Centre (HSRC) be created to provide reference and bibliographical services in the medical and health sciences, to co-ordinate and support the acquisition and use of

(1) Although this report has been available to members since May 1985 the BMC editors withheld publication pending CISTI's response which follows on p. 36.

publications in these areas, and to provide leadership in medical library practice. It further recommended that the Centre be established within the National Science Library (NSL), then the only federal library in the sciences with a national mandate, a strong collection in literature related to medicine and the computer expertise seen to be so important for the Canadian development of MEDLINE. The fact that the Medical Research Council (MRC) was then a part of the NRC, as was the NSL, was an additional influence on this decision. The Report also recommended that the National Science Librarian appoint a director of the Centre at a very senior level (Firstbrook, 1966, p. 23)

The recommendations, strongly supported by both the ACMC librarians and the ACMC executive, were forwarded to, and accepted by, the Government. The mandate of the National Science Library was expanded to include biomedicine and the Health Sciences Resource Centre was created in 1967. The position of HSRC Head, reporting directly to the National Science Librarian, was advertised and Miss Hilda MacLean was appointed Acting Head until the position could be permanently filled.

II. THE EARLY YEARS

George Ember served as the Head of the HSRC from 1968 through 1970 and June Huntley from 1971 through 1973. These two used the Firstbrook Report as the foundation for the development of a Working Program that became the yardstick with which the successes and shortfalls of the Centre were measured during its first years. Because of the absence of the recommended advisory committee, reports were made annually to the Special Resource Committee of the ACMC.

Mr. Ember's Annual Report to the ACMC Committee in 1973, entitled "Present Status and Objectives of the Health Sciences Resource Centre", addressed each of the objectives of the Firstbrook Report. The **Union List of Scientific Serials in Canadian Libraries** had been expanded; **Canadian Locations of Journals Indexed in Index Medicus** had been published annually since 1970; the capability to produce provincial, regional, local and institutional union lists on request for those libraries reporting to the **Union List** had been set in place; a Canadian MEDLARS centre had been established; all new titles which appeared in the **Index Medicus** were being automatically subscribed to by the NSL, as were subscriptions to unique titles discontinued by other libraries; **Health Science Serials on Order** had been published since 1969; rarely used backfiles from McGill and University of Toronto had been transferred to NSL; two summer seminars had been organized for mid-career medical librarians; and funds were available from the NRC Scholarship Program for candidates who wished to become medical librarians (Ember, 1973, p 3-5)

Given this long litany of achievements and successes, it is not surprising that a development documented in Mr. Ember's report was accepted, with the reassurance given that it would not affect the status of the HSRC Head. Mr. Ember notified the Committee of plans to change the reporting structure of the National Science Library. The HSRC, which had reported directly to the National Science Librarian, would be placed within the Reference Department and would report through the Chief, Information Services. This seemingly minor alteration to the organization would have a lasting impact on the strength of the HSRC and, in years to come, would cause unforeseen difficulties due to the functional organization of the Canada Institute for Scientific and Technical Information.

III. THE MIDDLE YEARS

The early years had seen the immediate problems of the large health science libraries partially met. MEDLINE had become an accepted part of the information armamentarium,

the back-up resources in medicine and its basic sciences had been built, and the medical school libraries had been developed and expanded. It was with the removal of the most pressing problems of the 1960's, that the problems that had been masked by them became evident. The weaknesses of the second layer of the decentralized network had not yet been addressed although they had been acknowledged both in the Simon Report and the Firstbrook Report. The health science library community recognized this weakness and the Canadian Health Libraries Association (CHLA) was organized to give a forum to the larger group.

The NSL was reorganized as the Canada Institute for Scientific and Technical Information (CISTI) and, despite the reassurances of 1973, the Head of the HSRC was classified at a lower level than the other Heads who reported through the same senior officer. In a governmental reorganization, the MRC was moved from under the aegis of the NRC and placed within the Department of National Health and Welfare.

In 1977, a review of the National Library objectives and services led to the submission of a brief to the Director of CISTI by the ACMC Special Resource Committee on Medical School Libraries. Two of its recommendations were of particular importance in recognizing the changes that had taken place:

That the role and functions of the Health Sciences Resource Centre and its staff be reviewed and strengthened. (ACMC, 1977, p.1)

This recommendation was made in response to the organizational change previously described. The ACMC Librarians expressed their belief that the HSRC Head must be a senior staff member at CISTI in order to advise and inform the health library community on new developments and to be in a position to ensure that their needs would be made known to CISTI. Their concern had been heightened by the fact that the position had turned over five times in twice as many years.

That a small advisory committee be established to make specific suggestions regarding activities which HSRC should carry out or promote. (ACMC, 1977, p.7)

This recommendation was made in recognition that the larger health science library community required more direct contact with the HSRC and with the Director of CISTI, and that the circumstances which had made the earlier establishment of an advisory committee impossible to implement had changed with the incorporation of CHLA.

The Director of CISTI acted promptly on this second recommendation and the Advisory Committee on the Health Sciences Resource Centre was formed. Perhaps in recognition of the validity of concerns expressed in the first recommendation, the Committee was made advisory directly to the Director of CISTI.

By 1978, Eve-Marie Lacroix had assumed the position of Head, HSRC. In an annual report she traced the evolution of the HSRC during its first ten years. She described the role of the HSRC within CISTI as the national information and referral centre for the Canadian health sciences community. She outlined the special consulting services available on special projects, collection development, union lists, information on automation. She noted that the HSRC, like its user libraries, was influenced in setting priorities by the demand for services offered. (Lacroix, 1978, p. 2-4)

IV. THE RECENT PAST AND THE PRESENT

Library services are strongly influenced by user activity. They are not mounted or maintained in a vacuum but require an involved and active user group for their justification. In 1974-75, the HSRC statistics reported that 17% of reference queries came from the private sector while 41% came from the health library community. (Nevill,

1975, p.2) In 1981-82, the statistics showed that 42% of the queries were from the private sector and only 22% from health libraries. (CISTI, 1983, p.4) Because the HSRC must be responsive to its primary user community, there is a risk that the very group that recommended its establishment and is represented on its Advisory Board will lose some of its influence.

The Health Sciences Resource Centre has been described as a window into the full range of services provided by CISTI. The statistics suggest that many Canadian health librarians have been looking in that window and leaving it at that. The present unhappiness with the services of the HSRC has been blamed on the HSRC itself, or on CISTI, but seldom on the user community. Surely all of the people who have been involved in the design of services, the provision of services, and the acceptance of services hold some responsibility for the present situation.

Like all good works, the Firstbrook Report can be twisted into a deadly weapon. The authors of the Report did not believe that it was the total solution; they saw it as one step toward the fulfillment of the Simon Report recommendations. Its creators believed that the HSRC could and would be shaped, by its Head and by its user community, into a dynamic agency. Its development still depends on its active use in the bibliographic network. The recommendations below suggest methods by which its services might be more easily used by the health science library community. If they are implemented, the responsibility for using and honing them will rest with the health science libraries of Canada.

V. THE FUTURE

The HSRC is providing a range of high quality services that should be continued and supported. In particular, it is recommended that the publication of useful directories and the provision of MEDLARS training be maintained and expanded as required to meet future demands.

The following recommendations for actions reflect some of the perceived additional needs and desires of Canadian health librarians. These could all be implemented with CISTI's own stated objectives and HSRC's stated mandate. They are grouped together under the general headings in the original mandate of the HSRC.

A. Reference and Bibliographic Services

1. In order to provide access to the consultation services which are already in place, it is necessary that health libraries across Canada be able to call in to the Centre freely. It is recommended that a toll free line by which Canadian librarians can easily access the staff of the HSRC be put in place.
2. In order to promote the services which are available, it is important that the HSRC communicate with its user group, even those who are not at present in MEDLARS Centres. To this end, it is recommended that a newsletter be sent to all libraries included in the CISTI publication **Health Information in Canada: Libraries** on a quarterly or more frequent basis.
3. The Centre should undertake some of the work that might best be done by a central agency. To this end, it is recommended that the HSRC mount a database of materials recommended for small health libraries in Canada and maintain it so that printouts would show the most recent editions and prices. It is further recommended that the HSRC assume responsibility for maintaining the revised editions of bibliographic and directory information contained in **CANHEALTH**. It is recognized that both these endeavours would involve the active co-operation of health science librarians.

4. In 1963 it was recommended that a union list of health periodicals be produced in running title order. With the advent of AACR2 the publication of **Canadian Locations of Journals Indexed for MEDLINE** has come closer to that ideal. High priority should be given to continuing to improve the bibliographic citations in union lists so that these reflect correct AACR2 form of entry. It is further recommended that journals indexed for the Health Planning and Administration database be included.
5. It is recommended that the HSRC provide information regarding the services of the translations index section of CISTI to the HSRC user community.

B. Co-ordination and Support of Acquisitions

1. The Centre, through its host library CISTI, is a foreign partner in the National Library of Medicine's MEDLARS program. As such, it is recommended that the HSRC continue to represent Canadian interests during negotiations with the NLM regarding predicted price increases for foreign users of products and services. The effect of a large price increase for NLM products would be devastating to the health science library community, and for Canadian health care providers and researchers.
2. The HSRC has worked to ensure that the back-up collection needed by the health science community is in place. To further improve the collection, it is recommended that the HSRC encourage CISTI to include material in the area of health administration and, if necessary, to revise their selection policy accordingly. It is of particular importance that those serials lost through the elimination of the Canadian Hospital Association Library be made available.
3. It is recommended that the HSRC encourage CISTI to acquire the National Library of Medicine videotapes which are available in the Regional Resource Libraries in the U.S., but cannot be obtained in Canada. These videotapes could then be made available to the health library community through inter-library loan.
4. The HSRC has continued to try to ensure that all MEDLINE titles are available, if needed, in Canada. It has also, in the past, picked up unique titles in the **Union List of Scientific Serials** that had to be cancelled. It is recommended that the HSRC continue to monitor closely those health titles which are not available in Canada.
5. At one time CISTI offered subsets of the union lists of scientific serials held by libraries to participating libraries. It is recommended that urgent priority be given to reinstating the capability for a library or a group of libraries to obtain a print-out of all reported titles and that this be expanded to include all titles, including the social sciences and humanities, reported to CISTI or the National Library. Once this is implemented, it is recommended that such lists be made available, both for checking and for local union list purposes, at a reasonable cost.

C. Leadership in Library Practice, Research and Education

1. As the Canadian Centre for MEDLARS, it is recommended that the HSRC (through its newsletter) inform health librarians of proposed or actual policy changes within the National Library of Medicine that could directly affect their services.
2. It is increasingly difficult for librarians isolated in smaller health libraries to keep abreast of technological changes. It is recommended that the HSRC take an active role in education and support needed by this segment of its user community.

Thus, the HSRC should take the lead in the Canadian health science community in investigating such developments as BRS/Saunders, electronic publishing, integrated library systems, **Index Medicus** subsets, etc., and update its users through whatever medium is most appropriate. It is recommended that the HSRC act as an information broker for Canadian health libraries.

3. The HSRC has, in the past, sponsored continuing education seminars for health science librarians. These were well received and beneficial to the community. It is recommended that the HSRC investigate the possibility of developing further sessions in conjunction with the CHLA Education Committee.
4. CISTI encourages students interested in science librarianship to undertake practical work in that library. It is recommended that the HSRC actively recruit students who are interested in becoming health science librarians to work within the Centre, and that the HSRC promote the awareness of the availability of scholarship funds from the National Research Council for future health librarians.

If the above recommendations are acted upon, the requirements for the position of Head, HSRC, will need to be reviewed. It will be essential for the incumbent to have a background in the health sciences, a knowledge of advanced information technology and an established reputation in the health science library community. In order for the incumbent to function effectively in a leadership role, it will be important that the Head be appointed at a senior level, as was clearly intended by the Firstbrook Report.

The human resources available to the HSRC will have to be reviewed and, where staffing levels will not permit recommended activities, the possibility of contracting outside services should be explored.

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Association of Canadian Medical Colleges. **Special Resource Committee on Medical School Libraries. Brief to the Director of the Canada Institute for Scientific and Technical Information.** Ottawa: The Association, 1977.

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Ember, G. **Present status and objectives of the Health Sciences Resource Centre (HSRC).** Unpublished report. Ottawa: National Research Council of Canada, 1973.

Firstbrook J.B., Kerr A.M., Peel B. and Smiley R.K. **A National library resources centre for the health sciences in Canada.** The report of a committee to the Association of Canadian Medical Colleges and to the Committee on Medical Science Libraries of the Canadian Library Association. Ottawa: The Committee, 1966.

Lacroix, E. **Health Sciences Resource Centre: Annual report to the Special Resources Committee on Medical School Libraries of the Association of Canadian Medical Colleges.** Report presented at the meeting of October 15, 1978, Toronto 1978.

Nevill A.D. **Health Sciences Resource Centre - APMC report.** Report presented October 1975, Ottawa 1975.

Simon B.V. **Library support of medical education and research in Canada.** Ottawa: The Association of Canadian Medical Colleges, 1963.

APPENDIX I

CHRONOLOGY OF EVENTS

- 1964 Simon Report published: **Library Support of Medical Education and Research in Canada.**
- 1966 Firstbrook Report published: **A National Library Resources Centre for the Health Sciences in Canada.** The Report of a Committee to the Association of Canadian Medical Colleges and the Committee on Medical Science Libraries of the Canadian Library Association.
- 1967 Health Sciences Resource Centre established.
- 1974 Canada Institute for Scientific and Technical Information formed through the amalgamation of the National Science Library and Technical Information Services.
- 1976 Canadian Health Libraries Association formed.
- 1977 Brief submitted to the Director of the Canada Institute for Scientific and Technical Information by the Special Resource Committee on Medical School Libraries of the Association of Canadian Medical Colleges.
- 1978 Advisory Committee on the Health Sciences Resource Centre established.
- 1982 Matheson Report published: **Academic Information in the Academic Health Sciences Centre; Roles for the Library in Information Management.**

APPENDIX II

HEALTH SCIENCES RESOURCE CENTRE HEADS

Marilyn Schafer	1982 -
Bonita Stableford	1981 - 1982
Eve-Marie Lacroix	1977 - 1980
Philippe Lemay	1976 - 1977
Ann Nevill	1974 - 1976
June Huntley	1971 - 1973
George Ember	1968 - 1970
Hilda MacLean (Acting Head)	1967 - 1968

THE ROLE OF THE HEALTH SCIENCES RESOURCE CENTRE AND HEALTH INFORMATION NEEDS: THE CISTI RESPONSE

E.V. Smith
Director, CISTI

I. INTRODUCTION

The report **The role of the Health Sciences Resource Centre and health information needs** was transmitted to and received by the Director of the Canada Institute for Scientific and Technical Information in May 1985. We thank the committee for taking the time to prepare this report and congratulate the committee members on their work. This clear, concise statement of the health library community's position and needs will be of great value to us in planning for the years to come.

CISTI's initial response to the report was presented at a joint meeting with the Board of Directors of the CHLA and the ACMC Special Resource Committee on Medical School Libraries in October 1985. We have expanded our response to incorporate the many excellent suggestions which were made at that meeting.

We have treated this document as an audit report and you will note that all responses to recommendations begin with the statement "Accepted" or "Rejected".

II. RESPONSE TO THE RECOMMENDATIONS

A. Reference and Bibliographic Services

1. Accepted. CISTI will explore the feasibility of initiating a toll-free line and will report to the Board on this matter as soon as possible.
2. Accepted. CISTI agrees that HSRC clients should have some means of receiving regular information on services and activities. CISTI has published a regular quarterly newsletter, **CISTI News/Actualites ICIST**, for several years, which was well received by the community. We feel that **CISTI News** can be expanded easily to include HSRC news. Therefore, effective immediately, all HSRC clients will be put on the **CISTI News** mailing list. The Head of HSRC has joined the Editorial Board of **CISTI News** and will contribute a quarterly column on HSRC activities.

We will monitor this situation closely. We welcome any comments or suggestions on the HSRC column, or on **CISTI News** in general, over the next few issues. If, after a reasonable trial period, this arrangement does not meet the need which you have expressed, we will consider other alternatives.

3. Accepted. These lists are very small and could be mounted on the IBM/PC relatively easily. The bibliography could then be distributed on floppy disk or on paper, depending on client preference. A small fee may be necessary to cover costs.

The CANHEALTH bibliography could be updated annually or as resources permit. We will depend very heavily on health science librarians for recommendations on items for inclusion or deletion.

4. Accepted. CISTI agrees that high priority should be given to providing the best possible journal citations in **Canadian Locations of Journals Indexed for MEDLINE**. Title access has now been provided for virtually all bibliographic records appearing in the 1986 edition, either directly or through cross references. New entries are in accordance with AACR2 rules.

CISTI has included journals indexed for the Health Planning and Administration database in **Canadian Locations of Journals Indexed for MEDLINE** for many years. Journals for which there are no Canadian locations are not listed in this publication. Such journal titles are reviewed and purchased by CISTI if they are within CISTI's acquisitions guidelines.

5. Accepted. The Translations Index brochure has been sent to HSRC clients. We have also publicized the Translations Index in **BMC** and **Les nouvelles de l'ASTED**. Any further suggestions on how to promote the Index to HSRC clients will be welcomed.

B. Co-ordination and Support of Acquisitions

1. Accepted. CISTI continues to represent Canadian interests at the NLM. Mr. Elmer Smith has been invited by Dr. D.A.B. Lindberg to sit on a panel entitled "Obtaining Factual Information from Databases", which will advise NLM on the development of its five-year plan. Although CISTI's role as an International MEDLARS Partner is purely advisory, NLM has always been very responsible and responsive to user needs. We are confident that NLM would not willingly implement any changes that would negatively affect the foreign centres.
2. Accepted. CISTI is aware of the need for more health administration materials, and has been actively seeking ways to improve the collection in this area. CISTI has already checked its journal holdings against those of the CHA Library. In fact, there was considerable overlap in the collections. CISTI has already ordered the few journal titles which it did not already hold.
3. Accepted. CISTI itself does not collect audio-visual materials. However, it supports the Canadian Science Film Library and has a staff member on the CSFL Board.

As a result of an HSRC Advisory Committee resolution a list of NLM produced videotapes was obtained and passed on together with ordering information to the Canadian Science Film Library. The CSFL has a lending service which seems to be functioning well now in spite of past difficulties. Progress will be reported to the Advisory Committee on a regular basis. At this time the CSFL is pleased with our recommendations and is ordering them gradually, as staff resources permit.

4. Accepted. The HSRC will continue its efforts to ensure that MEDLINE titles are available in Canada, and to pick up cancelled subscriptions whenever possible.

On the recommendation of the HSRC Advisory Committee the "No Canadian Locations" list will be sent to all MEDLARS Centres in the future so that it can be used by others, as well as by CISTI and the medical school libraries, as an acquisitions tool.

5. Accepted. As a member of the DOBIS Planning Committee, CISTI sits with the National Library twice a year to set priorities and assign financial and human resources. CISTI is currently represented on a Task Force of the Library Systems Centre at NL to investigate the feasibility of producing such lists. A meeting of representatives of associations which wrote to the Director of CISTI and the

National Librarian on this topic was held last fall and the Task Force has reported its findings to the Group.

A pilot project on automated file transfer to DOBIS was recently completed by the National Library and a report on this will be issued in the future.

C. Leadership in Library Practice, Research and Education

1. Accepted. The HSRC sends notices of policy updates, changes and new policies to MEDLARS Centres together with the **NLM Technical Bulletin** and the **MEDLARS Canada** newsletter. We have become aware recently that these may often go only to the primary searcher in a large organization or to the Health of Public Services and not reach the administrative head. Some organizations request several copies of the monthly package so that all who require a set will have one. We can supply as many copies as necessary, on request.

We are not always informed in advance of changes. This usually occurs in regard to the exact date of implementation of a change rather than with a policy itself. We have on occasion learned by reading the online **News** in the morning that a given database is now available to foreign users, for example.

The suggestion has been made that much of what we report in **MEDLARS Canada** regarding NLM policies could bear repetition and dissemination to a wider audience. We hope to achieve this through our regular columns in **Bibliotheca Medica Canadiana**, **Les nouvelles de l'ASTED** and **CISTI News**. We welcome any suggestions which the Board may have for broader dissemination of the information.

2. Accepted. HSRC is well equipped to act as an information broker for Canadian health libraries, as it has the immense resources of CISTI and the National Research Council as back-up. We have been able to act as a clearinghouse or referral centre on many occasions for individual requests.

For example, when several libraries called us when they were concerned about how to charge their clients literature searches under the new algorithm, we were able to put them in touch with each other. More recently a medical school library director called with questions on telefacsimile and journal subscription agencies.

With the co-operation of CHLA, ACMC and the Advisory Board, it would be possible to expand and advertise this function of HSRC within the community. HSRC will explore, with the associations, means of pooling our respective resources and knowledge, to provide a more comprehensive service. At the 1985 CHLA conference, an annual update session called **User Group Meeting**, was held, and various organizations reported on areas of mutual interest. A second **User Group Meeting** is planned for the 1986 CHLA Conference. In addition, local committees could prepare subject reports and deposit them with HSRC for reference and dissemination. Clients of the clearinghouse service could be asked to deposit a written report of the results of using this service, (e.g. what worked, what didn't work, why). The medical school libraries could report quarterly or annually on their activities.

3. Accepted. During the past year the staff of the HSRC have developed two new courses (Toxicology and Strategy) and have begun offering them across the country. During the coming fiscal year, we plan to develop a course for end-users. Other courses will be developed and offered as resources permit and as priorities indicate.

HSRC staff will continue to be active in CHLA and will continue to assist the Association with its CE efforts. CHLA is surveying its members on continuing education needs. HSRC will study the survey results carefully, and take them into consideration when developing new courses in the future.

4. Accepted. CISTI distributes NSERC Scholarship information to the Library Schools and to various science faculties in universities. CISTI has in the past welcomed students interested in science librarianship as summer workers. HSRC has always been willing to accept those who particularly express an interest in health librarianship.

CISTI also welcomes guest workers on occasion and would be most happy to receive appropriately qualified guest workers in the health science information field.

CONCLUSION

In addition to its specific recommendations, the committee raised several issues of general concern: the reporting structure of HSRC, the level of the Head of HSRC, the role of the Advisory Board on the HSRC, and the staff resources assigned to HSRC.

In describing the evolution of HSRC, the committee noted that the re-organization of 1973 placed the Health Sciences Resource Centre under the Head, Information Services who in turn reported to the Chief, STI Operations also known as Chief, Library Services. HSRC now reports on the same level as the Head, Information Services to the Assistant Director of CISTI. This reporting structure restored HSRC to the position it held before 1973. In addition, there is now a "dotted line" reporting relationship to the Director of CISTI, who decides on all policy matters.

The position level of the Head of HSRC is currently under review, and the committee's suggestions will certainly be taken into consideration.

The report also noted that the HSRC now serves a higher percentage of private sector clients than health library clients, and expresses concern that the HSRC Advisory Board, consisting of health librarians, may lose some of its influence as a result. CISTI, as a client-driven organization, will continue to set its priorities in response to the expressed needs of the clientele. We will certainly have to heed the concerns of new and growing client groups for HSRC as we have for our other services, which are experiencing the same rapid growth in private sector clients. Our other service groups have been able to serve all sectors in a satisfactory manner, and we expect the HSRC to do the same.

CISTI has always relied on the Advisory Board on the HSRC to convey to us the priorities of the health information community. The Advisory Board is the principal body which represents the health information community at CISTI. We deeply appreciate the Board's contributions over the years and look forward to continued co-operation with the community through the Board.

The committee commented on the human resources available to the HSRC. Over the past few years, CISTI has experienced considerable growth in demand for all of its services. At the same time, our growth is restricted by staffing restraint policies which seem to be common to like institutions all over the world. CISTI Management is actively exploring all available means to manage this situation, including automation, contracting-out, use of short-term assistance, summer students, scholarship students, guest workers, streamlining procedures, etc. So far we have managed to maintain and even improve our productivity, and we expect to continue to do so, in HSRC and in our other services.

The current climate of restraint may affect the time frame within which recommendations with resource implications can be implemented. Nonetheless, we are committed to working with you to improve the delivery of health information services in Canada. Difficult times can be beneficial in that they challenge us to be resourceful and to find the best, most efficient ways of doing things. We are confident that through co-operation we will find the means necessary to achieve our common goals.

CALL FOR PAPERS

BMC, Vol. 8(2) will largely be devoted to the proceedings of the 10th Annual Meeting. If you gave a paper which has yet to be submitted to **BMC**, please forward it to Tom Flemming by September 12, 1986.

The editors would be grateful for a response from readers to the last **Call for Papers**, 7(5): 219. Themes must be planned for Vol. 8, issues 3 and 4, and your views will be taken into consideration.

Are You Moving?

If you are planning to move within the next few months, please assist CHLA in keeping its records current and ensure that you will continue to receive **BMC** by submitting your change of address to: CHLA/ABSC, CP/Box 983, Station B, Ottawa, Ontario, K1A 5R1. Don't forget also to forward details of your change of employment to the **BMC** Editor for **PEOPLE ON THE MOVE**.



SUMMARY OF SHERRY TURKLE'S PRESENTATION ON COMPUTERS AND THE HUMAN SPIRIT, MLA Annual Meeting, Minneapolis, MN, May 22, 1986

Joanne Marshall

Department of Behavioural Science
University of Toronto

For many of us attending this year's MLA meeting, the highlight was Sherry Turkle's McGovern Award Lecture. Turkle has a joint Ph.D. in sociology and psychology from Harvard and is an associate professor at the Massachusetts Institute of Technology (MIT). Her recent book, *The Second Self: Computers and the Human Spirit* (N.Y.: Simon and Schuster, 1984), has won her several awards. It is rare to find a speaker who can communicate effectively with a large audience and at the same time convey a lot of content in a presentation. I think that Turkle felt particularly at ease with the librarian audience since she views the computer culture as a humanist and clearly sees librarians as humanists as well. She was amusing and personal while at the same time very involved in her analysis on the impact of computers and electronic technology on individuals. The following is a brief summary of her inspiring presentation, but her book (it just came out in paperback) provides a much more complete view of her work which is based on six years of observational field-work.

The most commonly asked question about computers and culture is, "Are computers good or bad?". This is a poor question because it puts the emphasis on the technology and not the people who use it. In the end, it is human culture which determines the impact of technology. Unfortunately computers have been developed by and for engineers - a group more interested in machines than in people. This explains why system documentation is so difficult to read and understand and why women have found it difficult to become involved in computer technology. Turkle urged librarians not to adopt the technocentric view of computer engineers and programmers. She believes that we have the power to orient the computer to human needs.

Most people think of computers as tools which "do" something; however computers also have an affect on us and the way we think. An example is the use of computer language to describe human behaviour. Turkle told of one of her students who apologized for handing in a term paper late by saying that she had been having problems with her boyfriend and had needed time to "debug" their relationship. More and more we seem to be using the new words that describe the operations of computers to describe our own situations. Turkle thinks that computer terminology will be used metaphorically to describe human behaviour. In much the same way, we have seen the body as a machine in the past.

One of the fascinating aspects of computers is what Turkle calls their "holding power". She doesn't like the term computer "addiction" because it limits the kind of analysis which can be brought to bear on the relationship between computers and their devotees. There are four aspects of this holding power:

1. Programming can be seen as an activity in which the programmer takes a little piece of his or her mind, stores it in the computer and then comes to see it differently. This kind of intellectual extension and objectification is very powerful psychologically.

2. Certain aspects of computer use, especially word processing, hold the "promise of perfection" for those among us who are prone to such compulsiveness. It is so easy to keep on correcting, changing and otherwise perfecting a document that many highly paid professionals do just that.
3. Computers provide an answer to the psychological malaise that authors like Christopher Lasch (*The Culture of Narcissism*) say plagues modern society. The essential loneliness and fear of intimacy that many people feel is relieved by computers which respond to commands and provide the illusion of companionship without the demands of friendship.
4. Finally, there are many ways in which computers can be personalized. People make the computer their own in several ways -- by writing their own programs, by participating in electronic bulletin boards, or designing their own online searches. This is an individualized, expressive technology which has a lot of "holding power".

Turkle sees a positive future for the computer culture providing that we use the technology appropriately and are tolerant of the many different ways in which individuals will relate to it. Along with high technology will come a new legitimization of human reason and the things that only people, not machines, can do. We need to reassess human work and see what it is that computers can do and what it is important for people to do.

Turkle's background is in Freudian psychoanalysis, so she is very interested in the effect of personality on computer use. She believes that personality should dominate technology and that we must provide the means for individuals to personalize electronic media. This idea provides an interesting challenge for those of us working in libraries as we tend to standardize rather than individualize. Turkle has provided some basic ideas, but we must the implications for our own working environment.

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NEWS AND NOTES

People on the Move

Kellogg Health Sciences Library
Dalhousie University

Eugene Pelchat, Head of Technical Services, and **Sandra Horrocks**, Head of Inter-library Loans, both left Kellogg at the end of May. Eugene is retiring to his farm in south-central Nova Scotia, while Sandy is moving to New Jersey where **Norman Horrocks** is taking up the position of Vice-President of Scarecrow Press in Metuchen.

Judith Coghlan-Lambly, formerly Eugene's assistant, replaces him as Head of Technical Services. Judith, in turn, has been replaced by **Tim Ruggles**, a graduate of the Dalhousie School of Library Service. Sandra's position has been filled by **Ann Barrett** who has most recently been in charge of the Health Sciences Library at the Saint John Regional Hospital, New Brunswick

William Boyd Library
Toronto Academy of Medicine

Jennifer Taylor has accepted the position of Reference Librarian to serve the new Veterinary School at the University of Prince Edward Island. Jennifer will be missed by the members of the Academy and the many Ontario hospital libraries for whom she provided service during her two years at the Academy. She will be replaced, however, by two half-time librarians: **Catherine Weisenberger**, who left the Academy in the summer of 1984 for the birth of her first child, will return to her former stomping ground. She will share the position with **Jennifer Armstrong** who has been working, part-time, in the Reference Department of the Science and Medicine Library at the University of Toronto.

Toronto Institute of Medical Technology

TIMT has lost its Librarian of four years to the more moderate climes of Bermuda. **Patricia Fortin** is to assume responsibility for the libraries of the King Edward VII Memorial Hospital (General) and Saint Brendon's Hospital (Psychiatric).

Ken Ladd, who was hired as Assistant Librarian in April 1986, is the new Librarian. Ken graduated from the MLS program at the University of Toronto in 1986, having formerly obtained the M.Sc. through the Department of Medical Biophysics, also at the University of Toronto.

St. Joseph's General Hospital
Peterborough, Ontario

Mary Conchelos is the first professional librarian at St. Joseph's General Hospital. She assumed the part-time position in February 1986, having worked the previous twelve years at the Science and Medicine Library, University of Toronto.

* * * * *

Discard List

St. Joseph's General Hospital Library is willing to donate a large number of pre-1976 medical and hospital administration journals, many of which are bound, to any library willing to pay the postage. Interested CHLA members are invited to contact Mary Conchelos at the address below, before the end of September, if they wish obtain this discard list. (The list has already been distributed to THLA members).

Mary Conchelos,
St. Joseph's General Hospital,
384 Rogers Street,
Peterborough, Ontario
K9H 7B6

* * * * *

NEW PUBLICATIONS

Health Libraries Directory of the Maritime Provinces, 1985

The second edition of this directory has been expanded to include all institutions in the Maritimes which have education materials.

To obtain a copy of the directory please forward a cheque or money order for \$5.00, payable to M.H.L.A./A.B.S.M. to:

Ms. Penny Logan, Librarian,
Izaak Walton Killam Hospital,
5850 University Avenue,
Halifax, Nova Scotia B3J 3G9

AIDS: acquired immune deficiency syndrome

This 24-page illustrated guide has been prepared by nurses in the Royal Victoria Hospital Department of Nursing in order that others might learn from their considerable experience in caring for patients with HTLV-III infection.

To order a copy send a cheque or money for \$10.00, made payable to Royal Victoria Hospital, to:

Communications Services,
Room A1.08, Royal Victoria Hospital,
687 Pine Avenue West,
Montreal, Quebec H3A 1A1

Evening Primrose Oil Bibliography

CHLA member, Christina Toplack, has completed the 2nd edition of this bibliography which contains approximately 300 references and abstracts of 20 of the most important clinical trials. A copy of the bibliography may be obtained, without charge, from:

Efamol Research Institute Library,
P.O. Box 818
Kentville, Nova Scotia B4N 4H8

Erratum

Physicians Online Report

The cost of the report on the CMA iNet trial is \$15.00 per copy, not \$10.00 as was reported in Vol. 7(5): p. 218.

UPCOMING MEETINGS

UNYOC 22nd Annual Meeting
Hyatt Regency Hotel,
Buffalo, New York
October 15-17, 1986

The Keynote Speaker at this conference, the title of which is **The Biomedical Literature: Meeting the Challenge**, is Alfred N. Brandon, Medical Library Consultant and co-author of "Selected List of Books and Journals for the Small Medical Library". In conjunction with the meeting, three continuing education courses will be offered on October 15: **MLA CE 342 - Nursing Information Resources, MLA CE 459 - Online Biochemical Searching in the Health Sciences** and **UNYOC CE - Library Ergonomics**. Of particular importance to the conference this year is the Chapter's Business Meeting at which members are invited to participate in a discussion of strategic planning for the Chapter's future growth and direction. To obtain the full program and registration materials contact Carol Lelonek at:

Health Sciences Library
 State University of New York at Buffalo
 Buffalo, New York 14214

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Ontario Hospital Libraries Association (OHLA)
First Annual Meeting: Measure for Measure
Women's College Hospital, Toronto, Ontario
October 28-29, 1986
Contact: Margaret Taylor, Children's Hospital of Eastern Ontario, Ottawa

The title of OHLA's first annual meeting is **Measure for Measure**. **Margaret Beckman** will deliver the keynote address, **Measuring Library Effectiveness**. Also on the program is **Allen Gower** of Statistics Canada who will discuss **Designing Library User Surveys**.

The workshop component of the meeting will focus on quality assurance. **Linda McFarlane** Sunnybrook Medical Centre, **Susan Gillespie**, University Hospital, London, and **Susan Hendricks** of Oshawa General Hospital will be the presenters.

Tours and "mini-clinics" at 4 Toronto hospitals are planned for October 29, 1986.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Ontario Medical Association Biennial Workshop
Toronto, October 27

A one-day introductory workshop on basic library procedures will be offered in response to the demand from OHLA members (and others) who have received no formal library training. Registration information will be mailed during September to all those who have expressed an interest in attending the workshop. Anyone wishing to receive this information should contact the O.M.A. Library.

POSITIONS AVAILABLE

Cataloguer
Medical Library
University of Manitoba
Winnipeg, Manitoba
R3T 2N2

Salary Ranks and Ranges: Commensurate with qualifications and experience:
General Librarian \$22,057 to \$38,478
Assistant Librarian \$27,090 to \$47,272

This is a two-year term position.

Effective Date: September 1, 1986

Reporting to the Head, Medical Library, the incumbent is responsible for the bibliographic control of all Medical Library materials, for supervision of the work of the Cataloguing Assistant who does derived cataloguing on UTLAS and for original cataloguing of materials for which NLM cataloguing copy is not found. In addition, the incumbent supervises the bibliographic entry of serial records in an automated system and shares responsibility for the analysis, recommendation, and implementation of all automated systems in the Medical Library.

Qualifications:

A degree from an ALA accredited library school or equivalent. Good communication skills and supervisory ability. Some experience with NLM classification and subject headings, and an automated cataloguing system such as UTLAS preferred. An undergraduate degree in the sciences and familiarity with automated library systems would be distinct assets.

Librarians enjoy academic status and are appointed to one of four ranks, General, Assistant, Associate and Librarian with the possibility of promotion.

Both women and men are encouraged to apply. In accordance with Canadian immigration requirements, this advertisement is directed to Canadian citizens and permanent residents.

Submit applications, including resume, salary expectations and the names of three referees by **August 15, 1986** to: Earle C. Ferguson, Director of Libraries, University of Manitoba.

N.B. To accommodate BMC's printing schedule the University of Manitoba is willing to consider applications received after the stated deadline.

College of Health Sciences
Ministry of Health
P.O. Box 12, Manama
Bahrain (Arabian Gulf)

The medical library is small, but serves a potential 2000+ users. The Ahmed Al-Farsi Library, College of Health Sciences, serves both the College and nearby hospitals. Applicants for the position of Chief Medical Librarian should have the M.L.S. degree and experience preferably in a medical and/or academic library. The ideal candidate will have experience in collection development, budgeting and in training and supervising staff. Personal adaptability, flexibility and management skills are essential.

Persons working on an overseas contract (initially for 2 years) normally receive annual academic leave of 56 days (including air-tickets), paid housing, assistance with children's school fees if required, etc. Salary would be in the range of \$42,000 (Canadian) for American or Canadian citizens, **usually tax-free**, and there would be an additional **bonus** of approximately one month's salary for each year worked here.

There are no special difficulties for women working or living in Bahrain, and conditions for family and social life, sports, etc., are generally considered good, and certainly much better than in most neighbouring countries.

Applicants should apply no later than September 1, 1986, and should include copies of university diplomas with their application to: Mr. Faisal Al-Hamer, Dean of the College.

N.B. The Editor has written to Mr. Faisal Al-Hamer to inform him that Canadian applications for this position might be slightly delayed due to the publishing schedule of BMC.

★ ★ ★ ★ ★ ★ ★ ★

INFORMATION FOR BMC CONTRIBUTORS

1. MANUSCRIPTS

- 1.1 The **BMC** editors welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada and specific theme issues as they occur.
- 1.2 Contributions should be **submitted in duplicate** and the author should retain one copy.
- 1.3 Contributions should be typed double-spaced and not exceed six pages or 2100 words in length.
- 1.4 Pages should be numbered consecutively in the top right hand corner.
- 1.5 All contributions shall be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels would be useful to the editorial process.
- 1.6 Articles may be submitted in French or English but will not be translated by the **BMC** editors or their associates.
- 1.7 Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided.
- 1.8 Spelling shall conform to the Oxford English Dictionary, exceptions at the discretion of the Editors.
- 1.9 Contributors who wish to submit their work in machine-readable format should contact the Editors in advance to ensure that compatible equipment is available in the editorial offices.

2. REFERENCES

- 2.1 Contributors are responsible for the accuracy of their references.
- 2.2 Personal communications are not acceptable as references.
- 2.3 References to unpublished works shall be given only if obtainable from an address submitted by the contributor.
- 2.4 All references should be given in the Vancouver style; see **Lancet** 1979 24 Feb; 1(8113): 428-430.

3. ILLUSTRATIONS

- 3.1 Any submitted (black and white) illustrations and tables should be camera-ready for print.
- 3.2 Illustrations and tables shall be clearly identified in arabic numerals and shall be well referenced in the text.
- 3.3 All illustrations and tables should include an appropriate title.

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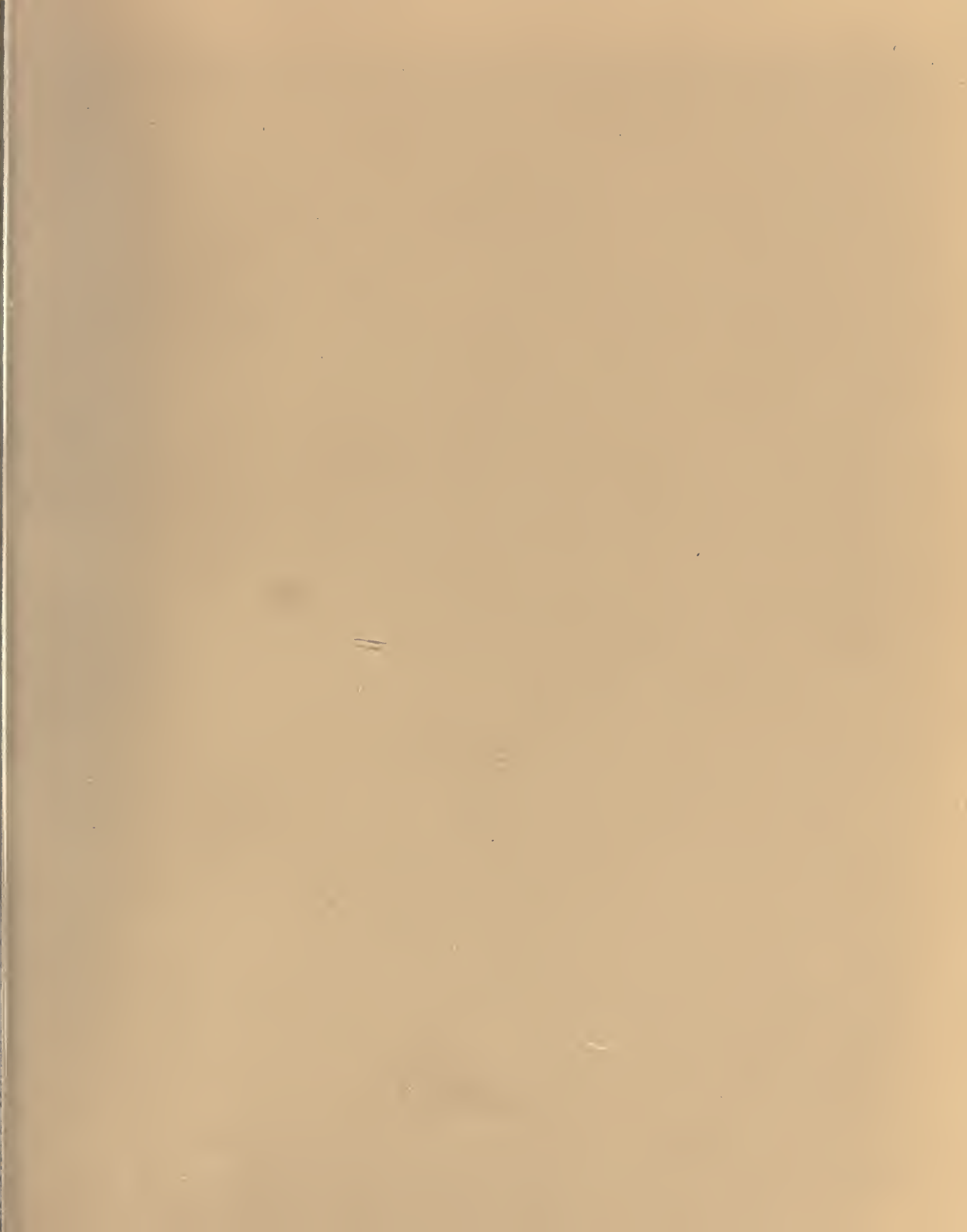
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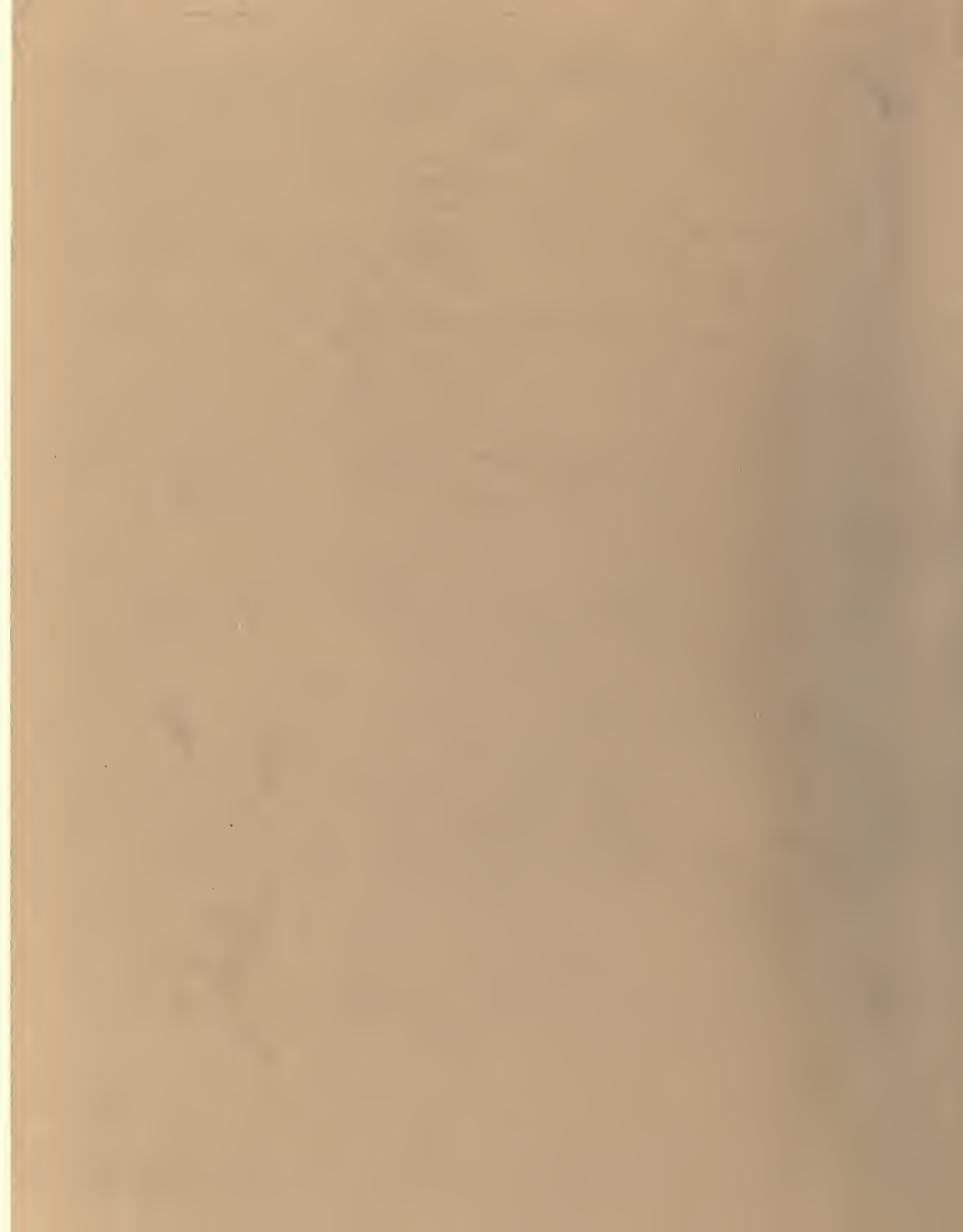
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 B3H 4H7

NATALIA POHERECKY
 Medical Library
 University of Manitoba
 770 Bannatyne Avenue
 Winnipeg, Manitoba, R3E 0W3





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BIBLIOTHECA MEDICA CANADIANA

VOLUME 8 NUMBER 2 1986 ISSN 0707 - 3674

INFORMATION FOR CONTRIBUTORS / AVERTISSEMENTS AUX AUTEURS

The *Bibliotheca Medica Canadiana* is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library. Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome, preferably in both languages.

Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques et bibliothécaires eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans les nombres récentes de ce titre. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

Editorial Address / Rédaction:

Tom Flemming, Editor
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McMaster University Health Sciences
Library
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Hamilton, Ontario L8N 3Z5

Telephone: (416) 525-9140 x2321

Envoy 100 Address: T.FLEMMING

Subscription Address / Abonnements:

Canadian Health Libraries Association
P.O. Box 983, Station B
Ottawa, Ontario K1A 5R1

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ILLUSTRATIONS

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Illustrations and tables should include appropriate titles.

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Deadlines for submission of articles
to the next three issues are as follows:

Les dates limites pour des articles
pour les envois à paraître:

volume 8, number 3	28 November 1986
volume 8, number 4	13 March 1987
volume 9, number 1	12 June 1987

tome 8, numéro 3	28 novembre 1986
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tome 9, numéro 1	12 juin 1987

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BIBLIOTHECA MEDICA CANADIANA



The Bibliotheca Medica Canadiana is published 4 times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of contributors and the editor and not the CHLA.

Bibliotheca Medica Canadiana est publié 4 fois par année par l'Association des Bibliothèques de la Santé du Canada. Les articles paraissant dans BMC expriment l'opinion de leurs auteurs ou de la rédaction et non pas celle de l'Association.

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K1A 5R1

volume 8, number 2

1986

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FROM THE EDITORS

As a new editorial team takes over the production of *Bibliotheca Medica Canadiana*, and the editorial address changes from Toronto to Hamilton, readers will note a number of alterations in our appearance. This altered appearance signals the advent of desk-top publishing in our association; we have moved from the big word-processing machine at the Ontario Medical Association to the microcomputer facilities of the Health Sciences Library at McMaster University. It is now possible to produce camera-ready copy anywhere (and any time) the Editor can plug his Personal Portable IBM into a standard wall outlet. Volunteer editing was never before so easy !

This innovation promises significant benefits for the future of our journal. Many who were previously unable to consider taking on the job of editing such a publication -- because they hadn't a secretary, or because they felt they couldn't produce adequately attractive copy, or because they didn't want to expose their inability to spell to the world -- can now purchase a word-processing program that will practically do it all for you. Desk-top publishing is something everyone can do. It is likely that there will be many members clamoring for the position of Assistant Editor by the time Lynn Dunikowski moves up to become Editor next year. That is certainly what we hope, at any rate. Each of you should consider it, since a steady stream of volunteers for all association offices and positions is what keeps our organization alive.

There are a number of people to be thanked for having brought us thus far; those uppermost in the Editor's mind at the moment are:

Jan Greenwood, who as Editor for the whole of volume 7, and the past year, not only taught us all we know, but contrived (with, really, the slightest inducement) to begin every lesson in a new Toronto restaurant; ah ! if only weight gain indicated success . . .

Michael Ridley, whose patience in solving the Editor's early problems with WordPerfect and the office LaserJet printer is exceeded only by his remarkable ability to recite portions of certain papers appearing in this issue which he claims to have seen rather frequently . . .

Liz Bayley, who has proofread every jot and tittle in this issue, and some that didn't make it, as well; she has a vicious red pencil !

Much of this issue is devoted to the publication of papers presented at our 10th annual conference which was held in Montréal in June 1986. These papers are presented in the hope that members who were unable to attend will benefit from the conference by reading these presentations, and that those who did attend will re-encounter these ideas with pleasure. A report on the association's membership survey is also printed in this issue so that we can all begin to know CHLA a little better. Read with interest; respond with gusto ! Letters to the Editors are welcome.

Tom Flemming
Editor

Lynn Dunikowski
Assistant Editor

A WORD FROM THE PRESIDENT

Dorothy Fitzgerald

Director, Health Sciences Library
McMaster University
Hamilton, Ontario

I would like to take this opportunity to tell you about a major development which will have implications for all of us. Last year saw the beginning of a joint venture by the Canadian Health Libraries Association (CHLA) and the Special Resource Committee on Medical School Libraries (SRCMSL) of the Association of Canadian Medical Colleges (ACMC). The purpose of this effort was to obtain funding to do a survey of a segment of the health sciences library community in Canada. In October of last year, a Project Team was appointed to explore funding possibilities and consider the possible scope of the project. The membership of the team -- Ann Manning (Chair) from Dalhousie, David Crawford from McGill and Dorothy Fitzgerald from McMaster -- allowed for representation from both CHLA and the ACMC Special Resource Committee on Medical School Libraries.

This effort has resulted in CISTI awarding a \$66,000.00 contract to ACMC to carry out this survey. During the summer the Project Team was expanded to include Wilma Sweaney of Saskatoon and Dr. de G. Vaillancourt, the Executive Director of ACMC. This change took place when it was decided that ACMC was to administer the contract. In early September the Project Team met in Ottawa to interview candidates for the position of Project Officer. Excellent candidates were considered and we are very pleased that Mrs. M.A. (Babs) Flower of Kingston, Ontario, has been selected to carry out this important work. Babs has been well known to many of us for a number of years and has been actively involved in promoting improved hospital library services at both the local and national levels. Her professional experience at McGill and at the Ontario Medical Association, and her work in designing and presenting CHLA CE courses and in producing CanHealth: a guide for Canadian Health Libraries indicate some of the background she will be drawing on during this next six months.

The project will be primarily a survey of the 16 medical school libraries and the 82 teaching hospital libraries in the country, and CISTI. It will involve an analysis of existing statistics, the gathering of additional statistics and interviewing of key library and education personnel at selected sites. A great deal of data will need to be gathered and analyzed in a very short period of time as it is necessary that this project be completed by March 1987. This will require some extra effort on the part of the libraries involved to work with Babs to provide the information required to make this project a success. If you are contacted by Babs, I urge you to cooperate with her on this major effort which will have future implications for all of us.

Babs will be meeting with the Special Resource Committee on Medical School Libraries of ACMC at their annual meeting in Toronto on October 5 and 6, where it is expected that she and the other Project Team members will benefit from the advice and suggestions of this group. Babs has also been invited to attend the next CHLA Board

meeting which is to take place in Hamilton on November 28, 29 and 30. While the project will be well underway by that time, it will be another important opportunity to review the progress of the project with one of the two organizations involved.

We are very fortunate to have this opportunity to review where we are today and to consider where we should be in the near future. The CISTI contract will allow us, in many ways, to update the landmark document, the Simon Report (Simon BV. Library support of medical education and research in Canada. Ottawa: Association of Canadian Medical Colleges, 1964). It will also allow us to see our services and resources from the perspective of our health sciences educators. The resulting report will, hopefully, lead us in the direction of a functioning health care information network in Canada.

* * * * *

UN MOT DE LA PRESIDENTE

Dorothy Fitzgerald

Director, Health Sciences Library
McMaster University
Hamilton, Ontario

J'attire votre attention sur un événement capital qui aura des répercussions pour nous tous. L'année dernière a marqué le début d'une démarche conjointe de l'Association des bibliothèques de la santé du Canada (ABSC) et du Comité spécial des bibliothèques d'écoles de médecine (CSBEM) de l'Association des facultés de médecine du Canada (AFMC). Le but était d'obtenir des fonds pour mener une enquête sur un secteur de la communauté des bibliothèques des sciences de la santé au Canada. En octobre dernier, une équipe du projet a été chargée d'examiner des possibilités de financement et l'envergure éventuelle du projet. Les membres de l'équipe, Ann Manning (présidente) de Dalhousie, David Crawford de McGill et Dorothy Fitzgerald de McMaster, représentaient tant l'ABSC que le Comité spécial de l'AFMC.

L'ICIST a signé un contrat de 66 000 \$ avec l'AFMC en vue de cette enquête. Durant l'été, l'équipe du projet a accueilli deux nouveaux membres: Wilma Sweaney de Saskatoon et le Dr de G. Vaillancourt, directeur administratif de l'AFMC. Ce changement a eu lieu lorsqu'il a été décidé que l'AFMC administrerait le contrat. Au début de septembre, l'équipe du projet s'est réunie à Ottawa pour interviewer les candidats au poste de chargé de projet. D'excellentes candidatures ont été considérées et nous sommes très heureux d'annoncer que Mme M.A. (Babs) Flower, de Kingston (Ontario), a été nommée à ce poste important. Babs est bien connue de plusieurs d'entre nous et elle a participé activement à la promotion de meilleurs services dans les bibliothèques hospitalières tant locales que nationales. Son expérience professionnelle à McGill et à l'Association médicale de l'Ontario, ainsi que son travail de conception-présentation de cours de formation permanente pour l'ABSC, puis de production de CanHealth: a Guide for Canadian Health Libraries, comptent parmi les antécédents qui lui viendront en aide au cours des six prochains mois.

Il s'agira surtout d'une enquête auprès des 16 bibliothèques d'écoles de médecine et des 82 bibliothèques d'hôpitaux enseignants du Canada, puis de l'ICIST. Il va falloir analyser les données statistiques existantes et en recueillir d'autres, et interviewer un choix de personnes clés en bibliothéconomie et en éducation. De nombreuses données devront être recueillies et analysées en très peu de temps puisque ce projet doit être achevé en mars 1987. Cela exigera un effort spécial de la part des bibliothèques participantes. Si Babs communique avec vous, je vous prie de bien vouloir collaborer avec elle dans ce travail important qui aura des répercussions pour nous tous.

Babs rencontrera le Comité spécial des bibliothèques d'écoles de médecine de l'AFMC à son assemblée annuelle à Toronto les 5 et 6 octobre. A cette occasion, elle et les autres membres de l'équipe du projet pourront bénéficier de l'avis et des suggestions de ce groupe. Babs a également été invitée à la prochaine réunion du Bureau de l'ABSC, qui doit avoir lieu à Hamilton les 28, 29, et 30 novembre. Le projet sera alors bel et bien en marche, mais ce sera une autre bonne occasion de constater l'avancement du projet en compagnie d'un des deux organismes participants.

C'est là une excellente occasion pour nous de faire un bilan et d'entrevoir l'avenir. Le contrat de l'ICIST nous permettra, à plusieurs égards, de mettre à jour le rapport Simon, qui a été un document marquant (Simon BV. Library support of medical education and research in Canada. Ottawa: Association des facultés de médecine du Canada, 1964). De plus, nous pourrons ainsi observer nos services et nos ressources du point de vue de nos éducateurs en sciences de la santé. Espérons que le rapport qui en résultera nous dirigera vers un réseau documentaire fonctionnel en sciences de la santé au Canada.

* * * * *

THE CANADIAN HEALTH LIBRARIES ASSOCIATION / ASSOCIATION
DES BIBLIOTHEQUES DE LA SANTE DU CANADA

will hold its 11th annual meeting in Vancouver, British Columbia

24 - 27 MAY 1987 at the HOLIDAY INN HARBOURSIDE

The theme of the conference is

MAXIMIZING RESOURCES: MANAGEMENT, MARKETING, PEOPLE, PRIORITIES

For further information contact:

Nancy Forbes
Conference Coordinator
Biomedical Branch Library
700 West Tenth Avenue
Vancouver, British Columbia V5Z 1L5

Phone : (604) 875-4505

REPORT ON THE CHLA MEMBERSHIP SURVEY AND CONTINUING EDUCATION NEEDS ASSESSMENT

Carol Morrison, Department Head
Ontario Cancer Institute Library
Toronto, Ontario

Mary Conchelos, Librarian
St. Joseph's General Hospital
Peterborough, Ontario

The Canadian Health Libraries Association (CHLA) Membership Survey and Continuing Education Needs Assessment was a joint project of the CHLA Education Committee and the Board of Directors, intended to be a means of gathering information for long-term planning.

In the summer of 1985, 367 questionnaires were mailed out with the *Bibliotheca Medica Canadiana*, and 245 were returned, giving a response rate of 66.7%. The data were tabulated by the Statistics Consulting Centre at the University of Toronto in February 1986.

This report summarizes the results of the questionnaire in fairly general terms. Detailed tabulations which will permit further analysis will be available to appropriate committees of the CHLA. Members wanting further information may contact the authors.

We will make occasional reference to the results of Joanne Marshall and Dorothy Fitzgerald's study of end-user searching.¹ We were fortunate to have the benefit of their findings which, in a few cases, confirmed the results of our own. We are also pleased with the high response rate from members of the Association as the two surveys were mailed to members within a relatively short space of each other.

MEMBERSHIP PROFILE

Demographics

As might be expected in a survey of librarians, we found that 85% of the respondents were female; 15% were male. Thirteen percent were in the 18-29 age group; 39% were between 30 and 39; 25% were 40-49; and 23% were aged 50 or over. There were more men than women in the 40-49 age group; however, this difference was very small. If there is a trend towards more men entering library and information science, this trend is not yet evident in our membership.

The geographic distribution of respondents (and, to some extent therefore, of CHLA members) yields interesting comparisons with the distribution of the Canadian population as a whole. Figure #1 shows the percentage of respondents from the province in the first column, and the percentage of the Canadian population residing in that

¹ Marshall JG, Fitzgerald D. *Health sciences libraries as sources of training and support for online physicians*. *Bibliotheca Medica Canadiana* 1986; 7(5): 184-7.

province in the second.² The response rate from Ontario was substantially higher than might be expected from the proportion of the national population living in Ontario. The numbers of respondents from Manitoba and Alberta were also higher than one might expect from a comparison with the percentage of Canadian population residing in those provinces; from British Columbia, the response was lower. The largest discrepancy was in returns from Quebec where the percentage of respondents was approximately half of what one might expect.

Figure # 1 - GEOGRAPHIC DISTRIBUTION OF RESPONDENTS

	CHLA % of total response	Canada % of total population
British Columbia	9.053	11.42
Alberta	10.700	9.35
Saskatchewan	3.704	4.00
Manitoba	6.996	4.20
Ontario	47.325	35.57
Quebec	14.403	26.06
New Brunswick	2.058	2.84
Nova Scotia	3.704	3.46
Prince Edward Island	0.412	0.50
Newfoundland	0.412	2.31
Yukon/NW Territories	0.000	0.20
U.S.A.	0.823	
Other	0.412	

There was an almost even split between those living and working in centres of under 500,000 (46.35%) and those living or working in urban areas with a population of more than 500,000 (53.65%).

English is the first language for 84.58% of respondents, and French, for 9.58%. In contrast, the 1981 census shows English to be the first language for only 61% of the Canadian population, while French is the first language of 25% of the population.³ A total of 5.83% of respondents reported first languages other than English and French. Polish, Chinese and German were the most frequently reported other first languages.

² Population statistics are taken from the *Canadian Almanac and Directory* 1986. Toronto: Copp Clark Pitman, 1986; 6-75 (Table: *Percentage distribution of Canadian population by Provinces and Territories, 1901-1983*).

³ Statistics Canada. *Population: Mother Tongue. 1981 Census. Catalogue 92-902* (v. 1 - National series). Ottawa: Minister of Supply and Services, 1982.

Education

We are a well-educated group. A full 95% of respondents have a post-secondary education. Figure #2 shows credentials reported.

Figure # 2 - CREDENTIALS OF RESPONDENTS

Library specific		Non library related	
B.L.S.	48	Bachelor's	141
M.L.S.	124	Master's	20
Diploma in Library Science	6	Doctorate	1
Library Technician's Diploma	29	Diploma	33
		Certificate	6
Total	207	Total	201

It is interesting that only fifty of our respondents, or about 20%, had an educational background in the sciences. Of the non library related Bachelor's degrees reported, the arts outnumbered the sciences by 3 to 1 (106 to 35). English was the most popular major (with 36), followed by psychology and history. In the sciences, nursing and biology topped the list.

Many, of course, reported having more than one degree or diploma. Thirty are working toward further qualifications; of these, fifteen are library related and six are in the area of management. Two people report working on a doctorate, five on Masters' degrees and three on Bachelors' of Arts.

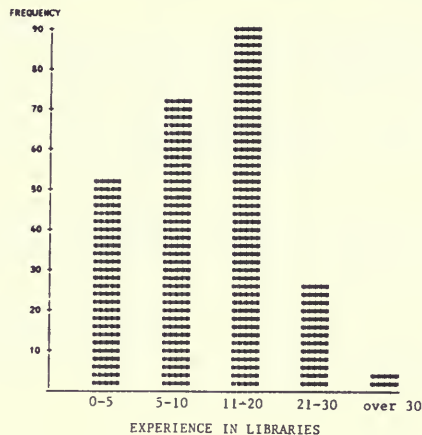
Professional Activities

Seventy-two percent of the respondents belong to their local CHLA chapter. For 41 individuals, CHLA was the only professional affiliation reported. The majority of respondents, however, belong to one or two associations in addition to CHLA. The Medical Library Association (MLA) topped the list with 69% of those responding reporting membership in MLA. Interestingly, the next highest percentage (66%) represented membership in a wide range of "other" associations, ranging from specialist library associations, networks, provincial and municipal library associations, to MLA local chapters. These findings have implications for continuing education and will be addressed briefly later in this report.

Work Experience

We found that the average number of years of experience in libraries, overall, was 11.8, and that the average number of years in health sciences libraries was 8.9. Figure # 3 shows the distribution of years of experience in libraries in the form of a bar chart.

Figure # 3 - YEARS OF EXPERIENCE IN LIBRARIES



Work Environment

Thirty-six percent of respondents work in teaching hospitals, and 17 % in non-teaching hospitals, for a total of 53% of respondents working in hospital environments. Academic institutions were the workplace of the next largest group of respondents; 24% report working in academic institutions.⁴ Of the remainder, approximately 20% of our respondents are employed in association, government and company libraries and 2% are unemployed.

About 82% report being employed full-time, while 18% report themselves to be working part-time.

A wide variety of job titles is listed in responses to the survey. Twenty-two percent of respondents referred to themselves as administrators: Manager, Director, Chief, Head, Supervisor or Co-ordinator.

A breakdown of job activities among those surveyed shows Reference to be the most time-consuming task (95%), followed by selection/acquisitions (91%). Management was also high on the list (79%), as was cataloguing and processing (74%). Orientation and on-line searching shared fifth place (73% and 71% respectively).

There was a fairly wide range of size in the library collections represented in our sample. Twenty percent of respondents reported working in libraries with under 100

⁴ These figures correspond to those of JG Marshall and D Fitzgerald whose paper on this subject was previously cited. They report 49% of their respondents working in hospitals, 24% in academic libraries and 22% in corporate libraries.

journal subscriptions, and 15% are employed in libraries subscribing to more than 1500 journal titles. Similarly, 21% said that their monograph collection was under 1,000 volumes, and another 21% reported holdings of more than 25,000 volumes.

We included a number of questions on the use of automation. Fifty-five percent of respondents report personally conducting on-line searches. Several remarked that they will be introducing the service soon, but they are not included in this figure. Of those doing searches, a little over half (58%) used a terminal; 26% used a microcomputer; and 16% used both. MEDLARS was by far the most popular system (92%), followed by DIALOG (53%), CAN/OLE (43%), and BRS (32%).⁵

When we looked at age in relation to on-line searching, we found that there were far more individuals in the 30-39 and 40-49 age groups doing searching than in any other. Far fewer in the 50-65 age group were involved in on-line searching.

Eighty-one of those surveyed had access to electronic mail, and of these, sixty-one used ENVOY 100. When we correlated electronic mail with type of institution, we found that universities with medical schools led (41%), followed by teaching hospitals (31%) and government (10%).

CONTINUING EDUCATION

Content/Format

A number of questions concerned the content and format of Continuing Education (CE) programs. In answer to the first question on five preferred topics for CE programs, new technologies and on-line searching, perhaps not surprisingly, were overwhelming choices. The topics were ranked as follows:

Figure # 4 - TOPICS CHOSEN FOR CONTINUING EDUCATION

Topic	Times Selected
New technologies	155
On-line searching	150
Administration	115
Automated systems	105
Collections development	98

It is clear that members want continual updating on on-line searching, microcomputers, and other aspects of automation. Presumably, the fairly large group

⁵ JG Marshall and D Fitzgerald found NLM to be the system used by 90% of those doing searches; DIALOG was second in popularity in their findings, as well. Their results showed BRS to be third, however; ours ranked CAN/OLE third, and BRS, fourth. Their response rate was larger than ours, and it is quite likely that different libraries were in their sample.

now using microcomputers want the training in order to deal with the many applications of the machines. The topics correspond roughly, interestingly enough, to the top five job activities listed, and indicate that CE is seen as job-related.

Eighty-nine respondents selected the topic: *Special Subject Literature* as a desired CE topic. Of these, 34% indicated that they wanted to improve their knowledge of oncology; one hopes that this selection was not determined by the designation of this topic as an example on the questionnaire itself. Other topics mentioned were: *Geriatrics/Gerontology, Nursing, Nutrition, and Psychiatry*. Given the fairly low number of respondents with backgrounds in the sciences, it is perhaps surprising that the topic: *Special Subject Literature* did not rank among the top five CE choices.

A number of possible formats for CE activities were suggested on the questionnaire so that respondents would not feel bound by the classroom approach. In spite of this, the short course was clearly the preferred format for all but one topic. Looking at the number of times particular formats were chosen, irrespective of content, produces the following choices:

Figure # 5 - CONTINUING EDUCATION FORMAT CHOICES

Type	Times Selected
Short course	630
Long course	171
Professional meetings	150
Distance education	108
Inservice training	84
Teleconferencing	16

We included teleconferencing because it was thought that this approach might appeal to librarians living in remote areas. Little interest was shown, however; expense and/or novelty may have been factors in the low response rate to this suggestion.

There seems to be a fairly high participation level in CE courses among CHLA members; 80% said they had been involved in a CE activity, apart from courses at the CHLA annual meeting, within the past 12 months. Much of the CE activity of respondents seems to have centered around their involvement in local library associations, judging from the numbers attending short courses and professional meetings sponsored by these groups. In addition, the single most frequently mentioned sponsor was the commercial firm, which probably offered a course in on-line searching.

Motivation/Deterrents

We were interested in determining which factors were important in encouraging CE participation and which were deterrents. When asked to rank the factors which influence them to participate, respondents replied as follows (# 1 is most important):

Figure # 6 - FACTORS PROMOTING PARTICIPATION IN CONTINUING EDUCATION COURSES

Rank	Reason
1	Need to keep up with technical developments
2	Personal satisfaction
3	Need to update job skills
4	High quality of the activity
5	Chance to talk to colleagues

Other factors, such as employer support and the availability of financial help, were not considered as critical as the above five. Again, the importance given to technological developments is evident.

The three most important deterrents reported were distance, lack of time and cost, in that order. Distance greatly outranked the other two factors. This could have implications for the delivery of CE; perhaps the Association should consider co-sponsoring courses with local library associations, travelling seminars or educating people to the value of distance education.

Certification

A series of questions on MLA certification revealed that the vast majority (92%) of respondents did not have MLA certification, and 96% either did not plan to obtain it or were uncertain about obtaining it.

Quite a lot of interest was shown in having CHLA grant MLA CE credits; 65% of respondents were somewhat to very interested. The question regarding CHLA's development of its own CE system met with a slightly favourable response; of those with strong feelings, more were in favour than opposed. Many requested further information. This may indicate that people want more tangible recognition for involvement in CE activities. MLA has an established reputation for its educational programmes and MLA credits are considered worthwhile even though few of our members who obtain them plan to be certified by MLA. Presumably, if a comparable credit system existed for Canadian health librarians, it might have equal appeal.

Future Activities

We asked respondents to indicate which CE activities they would like to see CHLA develop. This question yielded the following information (# 1 is most important):

Figure # 7 - CONTINUING EDUCATION PREFERENCES

Rank	Activity
1	CHLA-developed courses
2	Regular CE column in BMC
3	Production of Canadian supplements to MLA courses
4	Increased support for CE activities through local chapters
5	Self-study programmes/distance education

There was little interest expressed in published bibliographies, importing more MLA courses or teleconferencing. The interest in CHLA-developed courses is heartening, as the Education Committee is already encouraging this development. The course format was, again, definitely preferred, and material with a specifically Canadian focus was, apparently, wanted. The interest in self-study or distance education packages was also noteworthy. These are all topics which the new Education Co-ordinator may wish to investigate further.

One thing which seems to stand out is the emphasis on having CE activities occur close to home. This is indicated by the identification of distance as a major deterrent in CE activity, by the numbers of CHLA members attending local library association-sponsored CE programmes and by the expressed interest in CE at the local level.

CONCLUSION

We have not discussed issues in any depth in this report, as that would have increased its length considerably. Instead, we have touched on a number of topics which we hope will be analyzed in more detail by various interested committees of the Association. Tables of cross-tabulations are available from the authors for this purpose. The data are stored so that tabulations other than those we requested may be made at a future date.

* * * * *

THE OSLER LIBRARY: A COLLECTION AND A CONTEXT

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Some of you, having read the title of my address as given in the conference programme -- *The Osler Library: a Collection and a Context* -- are probably puzzled by the phrase that follows the colon: *a collection and a context*. Like most of humanity, I have a weakness for alliteration, but I assure you that I chose this phrase for rather more serious reasons. Many Canadians connected with the health professions know that the Osler Library at McGill University is an important *collection* of literature illustrating the history of medicine and science, but it is perilously easy (not least for those of us at McGill) to allow that consciousness of eminence and special character to obscure the Osler Library's *context*, and to see it only as a sanctified monument to the memory of a great man, or a sort of shrine dedicated to the disembodied worship of medicine's glorious past.

PHYSICAL CONTEXT AND ORIGINS

A visitor's first impressions of the Osler Library can reinforce this illusion that we float in a sort of institutional and cultural zero gravity. One enters the library from the main public services area of the McGill Medical Library, a bright, busy, and functional environment. By contrast, the Osler Library is an impractical, theatrical, and contemplative space. From the lofty Wellcome Camera, with its mezzanine and stained glass windows, one passes into the original Osler Library room, opened in 1929 to receive Sir William Osler's library when it arrived from Oxford, and transported *en bloc* from the old medical building (now the Strathcona Anatomy and Dentistry Building) to the McIntyre Medical Sciences Building when the latter was constructed in 1965. The impulse to imagine the door of the Osler Room as the threshold of another world is almost irresistible. The height of the room, its rich panelling, oriental carpets, and glass-fronted cabinets seem to belong, like Sir William Osler, to a vanished age of refined and generous tastes. The uncanny sensation of having stepped back in time is reinforced by the pervasive presence of Osler himself, not only in the form of his books, but enshrined in his desk, his personal objects, his pictures. Sir William never saw this room in his lifetime, but one could say that he sees it all the time now; his watchful profile glows out of the bronze Vernon plaque, and behind the Vernon plaque are his ashes, together with those of Lady Osler and of his cousin, W.W. Francis, the first Osler Librarian. Francis, who presided over the Library from its inception in 1929 until his own death in 1959, has a monument of his own: the Francis Wing -- not a wing exactly, but a room off the mezzanine level of the Wellcome Camera. And beyond the Francis Wing lies the Robertson Room, where our historic materials are housed. Remote, yet alluring behind its plate glass barrier, the Robertson Room seems to be only the final chamber in a whimsical house of mirrors.

Librarians, of course, are used to architectural eccentricities, and used, as well, to musing in odd moments upon their symbolic significance. But librarians, no

less than casual visitors, also find it difficult to envision the Osler Library as part of any larger pattern, for it did not come into being like most other history of medicine libraries, nor does it resemble them in its organization, contents, or administration. Most history of medicine libraries are rare book rooms or special collections auxiliary to general medical libraries. The obvious example is the Historical Division of the U.S. National Library of Medicine. Such libraries are created in two ways: older library materials are identified as historically valuable and set aside, or alternatively, physician clients with an interest in history donate old books. In most cases, the library grows by a combination of these two methods. Rarely are there either dedicated funds or dedicated personnel for developing the historical collection in a coherent manner. The almost invariable rule is that a superb history of medicine library is the unintentional by-product of a superb health sciences library. The Countway Library in Boston is the most outstanding example of that rule in operation.

A corollary to this rule is that most history of medicine libraries consist only, or overwhelmingly, of primary material: that is, works written by doctors for doctors in support of the medical enterprise. The secondary materials (histories of medicine, biographies, interpretive studies) have low priority on most medical libraries' collection profiles. Even if they are purchased, they are seldom integrated institutionally or intellectually with the primary works.

The Osler Library is different. It is not, and never has been, a part of the Medical Library at McGill. It is a self-contained history of medicine library, governed in the administrative sense by the Life Sciences Area Librarian, and beyond her, by the Director of Libraries and other officers of the University. In the constitutional sense, it is governed by its own Board of Curators, a body established by the terms of Sir William Osler's bequest. In practice, this is hardly a confrontational situation, for the administrative governors are, *ex officio*, members of the Board of Curators. It is significant, however, that the chairman of the Board is always the Dean of Medicine, for this situation places the Osler Library slightly to one side of the ordinary hierarchy of the university library system.

The Osler Library is different, as well, in that its foundation collection is the creation of a single person, who, from its very beginnings, developed it according to a conscious and rational programme. Osler's intention was to assemble all the most important monuments of the history of science and medicine, and as many of the second rank classics as he could. Thanks to his native intelligence, his persistence and good sense as a collector, and his very lucrative career as a consulting physician and professor, he largely succeeded. Thus, the Osler Library has what no other history of medicine library I know of can boast: a coherent, balanced, and comprehensive framework composed of virtually all the significant medical literature produced in western Europe and America to the end of the 19th century. The library also has some very unusual, not to say eccentric, books and books on subjects which, at first glance, might not seem appropriate to a medical-historical library. All of this gives a texture and character to Osler's library which lifts it above the level of a predictably normative "core collection".

But there is more. Osler was a student of medical history as well as a collector. Hence, he believed in integrating the primary medical literature with the secondary studies, the histories, biographies and so forth. In his catalogue of his library, the *Bibliotheca Osleriana*, works by an author and works about him go hand in hand -- a

degree of integration that is difficult to parallel in any similar collection. In the decades since the inception of the library in 1929, we have added about 30,000 volumes to the original 8,000 bequeathed by Osler, but our collections philosophy (and even the way our public catalogues are organized) continues to bear the stamp of his intention, particularly with regard to this vital harmony of primary and secondary materials. It is not an exaggeration to say that, since 1929, we have been writing glosses and footnotes for the *Bibliotheca Osleriana*.

It will be obvious by now that the primary context of the Osler Library is a personal one: namely, the career and ideas of Sir William Osler, its founder and major benefactor. The outline of Osler's life-story is -- or used to be -- very familiar to the health-care community in the English-speaking world, but the tale deserves to be retold, and perhaps, this time, from a librarian's point of view.

SIR WILLIAM'S CAREER

William Osler was born in Bond Head, a hamlet in Tecumseh County near Lake Simcoe, in 1849. His father was an Anglican priest and missionary, and Willie was the eighth in a family of nine children. As a schoolboy, and later as a freshman at the University of Toronto, he came under the influence of two remarkable clergymen-naturalists: the Reverend W.A. Johnson and the Reverend James Bovell. These two men were figures of considerable symbolic importance to Osler, for they combined two professions which he could never reconcile: religion and science. Osler originally intended to become an Anglican priest, but after a long struggle -- apparently over Darwinism -- he crossed over to medicine. To the end of his days, he bore the scars of this conflict, ever maintaining on an explicit level that religion and science ought to be kept in separate compartments, while implicitly searching for his own way of reconciling them through a new ethos of medicine. Health was to be a new religion, uniting mankind in a common pursuit of good. Physicians were to form a new priesthood, bound by a sense of brotherhood in mission. Osler never put it this crudely, but his attitudes and, particularly, his terminology in discussing issues of professional identity and solidarity amongst physicians are heavily redolent of the Bible and the *Book of Common Prayer*; it is as if he had transposed to medicine all the energies of his unfulfilled and, ultimately, unresolved religious vocation. It is little wonder that his favourite book bears the title: *The Physician's Piety* (*Religio Medici* by the 17th century English philosopher and doctor, Sir Thomas Browne).

This tension had no small effect on the shape of his library. Osler always remained sensitive to the frontier between the healing arts and the ultimate issues of death and what lies beyond death, and he collected many curious historic books and pamphlets dealing with longevity, mortality, immortality, and even spiritualism and witchcraft. In his home at Oxford they were grouped on a special section of shelving known familiarly as "Death, Heaven and Hell", and to this day they lend a special character to the way in which the Osler Library defines what lies within the purview of the history of medicine.

At the end of his first year of medicine at Toronto, Osler elected (on the advice of his mentor, Bovell) to transfer to McGill, then -- as now -- one of the finest medical schools in North America. His undergraduate career was brilliant, and after two years of postgraduate study in Britain and Europe, he was hired by his *alma mater*, at the astounding age of 25, to serve as Professor of the Institutes of Medicine (an

old-fashioned Edinburgh term for what we would now call pathology and physiology, with, perhaps, some histology). Thus began a professional lifetime of inspired teaching and unbelievably prolific publication, grounded in his talent for imaginative applications of innovative techniques, whether it be of systematic *post-mortems* in the Virchow manner at the Montreal General Hospital, or later, of McGill-style instruction of medical students on the hospital wards at Johns Hopkins.

After ten years at McGill, Osler was lured to Philadelphia, then the major rival to Montreal as a centre of medical study. In 1889, he received another call, this time to the double post of physician-in-chief of the Johns Hopkins Hospital in Baltimore, and Professor of Medicine at the Johns Hopkins University. This combination chimed perfectly with his practical orientation towards medical education. The Hopkins years were, perhaps, the most productive of his life. His great textbook, *The Principles and Practice of Medicine*, was published in 1892, and Osler's fame as a consultant, speaker, and organizer and patron of professional societies grew by leaps and bounds. By 1905 he was probably the single most famous medical man in the English-speaking world and, in that year, he received the culminating appointment of his career: Regius Professor of Medicine at Oxford University.

Osler's Oxford years were, in many respects, the perfect climax to a perfect progress. Now he had it all: leisure from the hectic pace of consulting, money to indulge his favourite hobby of buying old medical books, time to write, and influence to do good to the profession that gave meaning to his existence. There were other joys, too, like seeing his son, Revere, grow to manhood and begin to display something of his father's literary inclinations.

All this golden Edwardian dream was wrecked by the First World War. The sacred brotherhood of science and medicine was rent asunder by nationalism, and Osler's son -- his beloved and only son -- was blown up by a shell and buried in the mud of Flanders. All who knew him agreed that when Sir William Osler died in December 1919, it was of no ordinary ailment, but of a broken heart -- broken in grief for all that had been lost: the unity of the faith of science, the ideals of the Victorian era, and above all, Revere.

THE STRUCTURE OF OSLER'S LIBRARY

In the halcyon days of Hopkins and Oxford, and perhaps even more in the shadowed seasons of war, Osler's passion for collecting books on the history of medicine was his principal source of joy. There is firm evidence that by 1911 he had worked out, at least in outline, a project for organizing his collection. In that year, he drafted the deed of gift conveying the library, upon his death, to the Faculty of Medicine at McGill; included in it is an outline of the eight sections of the *Bibliotheca Osleriana*. The most original feature of the scheme was the notion of the *Bibliotheca Prima* (the "primary library"). It was Osler's intention that his library should have "a definite educational value", by which he appears to have meant that it should support the teaching of the history of medicine as a subject, either on a formal or on a self-educational level. In subsequent years, this intention was fulfilled by appointing Osler Librarians as lecturers in the history of medicine in the Faculty. In the 1960's, Dr. Donald Bates, then in charge of the Osler Library, actually created a Department of the History of Medicine on the basis of this rather informal mandate. Out of this has grown an active and important Department of the Humanities and Social

Sciences in Medicine which lives in close physical and social proximity to the library. I am both the History of Medicine Librarian in charge of the Osler Library, and an Assistant Professor in the department. Here again, the Osler is exceptional; departments usually create libraries, but ours is a library that has created a department.

What Osler wanted to do in the *Bibliotheca Prima* was to define the backbone of the history of medicine by selecting the major landmarks of medical writing and arranging them in chronological order. By working his way through the *Prima*, the student could obtain a global view of the development of medicine and science. The landmarks are spaced from Aristotle through to Roentgen, and consist of every format from folio *incunabula* to flimsy three-page pamphlets. The emphasis in the *Bibliotheca Prima* is on the landmark work itself. Regardless of how much the individual author wrote, it is the landmark work which is cited first in the catalogue. Secondary studies of the landmark work follow. Then come other works by the same author, with their secondary interpretation, biographies and the like. The *Bibliotheca Prima* is plainly a value-judgement from end to end, or, if we wish to look at it more positively, it is a happy marriage of Osler the book collector and Osler the teacher.

The "second library", or *Bibliotheca Secunda*, is not arranged paedagogically, but in the more usual author order, though again, books by and books about a given writer appear cheek-by-jowl. The *Secunda* is the largest section of Osler's library, and to my mind, the most interesting and various. If the *Prima* records great men making exceptional discoveries, the *Secunda* is the more recognizable realm of ordinary mortals making small, but cumulatively significant advances in understanding and practice. Osler put himself into the *Secunda*. The *Secunda* is also the grey territory of discoveries that don't quite come off, of by-ways and dead-ends.

One of my favourite *Secunda* items is a collection of 18th century English pamphlets and broadsides -- some of them rather scurrilous -- about Mary Tofts of Guilford. With the connivance of a physician, this lady convinced the world that she had given birth to rabbits! Several eminent medical men laid their reputations on the line that this was, indeed, possible before the hoax exploded. The *Secunda* is also the domain of those Renaissance physicians, like Cardano and Robert Fludd, who particularly intrigued Osler, but whose researches often branched into astrology, the occult, and alchemy.

In short, Osler's concept of medical history was elastic and polyvalent. He thought in terms of individuals, not in terms of an abstract subject area, and if physicians made fools of themselves, or cast horoscopes, or studied cosmology and the transmutation of base metals into gold, even that, to Osler, was legitimately part of the record.

This approach to building his collection goes some way towards explaining the third section of the *Bibliotheca Osleriana*, the *Bibliotheca Litteraria*. If medical men wrote poetry, like Keats, or *belles-lettres*, like Oliver Wendell Holmes, or fiction, like Rabelais or Conan Doyle, that, too, was an aspect of the global story of medicine as an art and a science. So, also, were medical works by non-physicians (the most admired being Robert Burton's *Anatomy of Melancholy*), and literary works which featured medical characters, such as Ibsen's *The Enemy of the People*. The *Litteraria* is, undoubtedly, the most unusual and personal section of the library, and it is not hard to see why it, alone, has not been developed in our subsequent collecting

policies. We continue to purchase items on Browne, Burton, and their ilk, as well as general works on the relation of medicine to literature and some imaginative writing by or about Canadian doctors, but the *Litteraria* is generally treated as a closed collection. Its basis was Osler's own taste and the literary circles with which he was in contact, and any attempt to maintain the tradition would simply dissipate its focus, to say nothing of the resources of the library.

The last five sections of the *Bibliotheca Osleriana* are largely self-explanatory. The *Bibliotheca Historica* comprises secondary histories of medicine. The *Bibliotheca Biographica* contains collective biographies, as well as biographies of interesting medical personages not included in the *Prima* or *Secunda*. The *Bibliotheca Bibliographica* is a collection of works on the history of books, libraries, and the art of printing. Finally, there are *incunabula* and manuscripts. As I am both a medievalist and a former archivist, I am particularly attached to the manuscripts, not only those of the European Middle Ages and Renaissance, but the Arabic ones as well. Outstanding amongst these is a 13th century illustrated copy of the herbal of the Hispano-Arabic physician al-Ghafiki; ours is the only traceable copy of the full text version of this work, and it is a splendid example of the survival of Hellenistic traditions of botanical illustration.

OTHER CONTRIBUTORS

By now, it should be plain that the personal context of the Osler Library has been and continues to be a very powerful shaping force, and that this personal context goes beyond Osler himself. Many of the finest treasures of the library in the fields of medical history and medical book-making came from Osler's historically-minded friends and admirers, particularly, Dr. Frank Dawson Adams, a geologist and the first Dean of Graduate Studies at McGill University, and Dr. Casey Albert Wood, ophthalmologist, ornithologist, ethnologist and bibliophile. Adams bequeathed a fine collection of old works on geology, as well as some monuments of the history of printing, such as the *Nurnberg Chronicle* (written, indeed, by a physician, Dr. Hartmann Schedel) to the Osler Library. Dr. Wood donated Arabic, Persian and Indian manuscripts and printed books, together with an intriguing assembly of medical and pharmacological gear from Sri Lanka, some of it dating from as early as the 15th century.

Beyond these individual benefactions, the continued admiration felt by medical men on almost every continent for Osler's personality, his teachings and philosophy continues to be projected onto the library which is his last resting place and his greatest pride and solace. This loyalty and concern translates, quite bluntly, into financial support. The Friends of the Osler Library Fund, and other special funds set up by individuals and groups, permit us to continue to buy books and to get them onto our shelves. Our collections policy attempts to be comprehensive at a high scholarly level. I cannot claim that we always attain this standard, but if it were not for those who feel moved to perpetuate a continual remembrance of the man who began the library, we would have to abandon the ambition altogether. To a very significant extent, it is the Oslerians who hold us together, and in a sense, that personal context is the secret of our survival. The support of the Faculty of Medicine is, likewise, vital to our existence. Here again, it is the memory of Osler himself--McGill's most famous medical graduate and the role model (acknowledged or not) of the

20th century physician -- which channels toward the library that commitment and generosity that enables us, not only to keep up with what is presently being published, but also to undertake innovative projects.

HISTORY OF MEDICINE AND THE FUTURE

If the Osler Library is to have some relevance to scholarly and medical enterprise in the years to come, it must go beyond the personal context. I do not say we should neglect or denigrate this personal context; on the contrary, we must cherish and foster it, for on its foundations alone can we construct a broader and more accessible structure. Here are two concrete examples: one from the area of collection development, and the second related to computerized cataloging.

During the past decade or two, the history of medicine as a scholarly discipline has been undergoing a profound change. Before this watershed, much medical-historical writing was documentary: biographies of eminent medical figures, catalogues of discoveries and advances, and institutional chronicles. Its focus was internal, and its philosophical bias was positive and progressive. At its worst, it was merely celebratory. Lately, however, an analytical and external-looking style has emerged which tries to see medicine as an element in a larger social fabric. Doctors are professionals and, as such, have been subject to influences affecting the general development of the professions. Medical imperatives have interacted with political and social agenda at various levels, producing health legislation and mobilizing societal forces around health issues (for instance, vaccination, clean water, housing reform, and control of various practices seen as contributing to physical decay, such as prostitution). Society has its own ideas about what "health" and "sickness" are, and what doctors should do, and at least since the early 19th century, this has been reflected in a vast body of popular medical literature. Issues of this type are exciting the attentions of the new breed of medical historians, but few medical libraries have the kind of collection that can actively support this type of research. Government reports on public health, partisan pamphlets on vaccination, or popular handbooks on hygiene in the family are not written to support the primary medical enterprise, and understandably, fail to find their way onto the shelves of even old and well-maintained medical libraries.

In 1980, with a Collections Development grant from the Social Sciences and Humanities Research Council of Canada, the Osler Library launched a pilot programme to locate and purchase materials of precisely this nature. In the test phase, the field was confined to 19th century France. It took a lot of patience, determination and hard work to develop a profile for the collections project, as well as to find the antiquarian booksellers who could track down suitable materials, but after a slow start, the books began to come in.

So successful was the initial trial that we determined to try for further grants. Thanks to funding from the McGill Advancement Programme, we were able to expand the profile to include other western European countries. This time, we knew a little more precisely what we were looking for and where we might find it, and this resulted in a high response rate from dealers and greater success than in the initial phase in netting suitable titles.

Whether we will be able to continue this collections programme is still a question, but the major points I wish to make about it are: first, the material we are seeking in this programme is not the type of material found in the *Bibliotheca Osleriana*, and the programme is, thus, a departure from our "personal context"; secondly, this material is not found coherently developed into collections elsewhere and we are, therefore, undertaking an important innovation. I seriously doubt, however, that we could have obtained the funds to try such an unconventional idea had we not been the Osler Library, with an established reputation as a major collection in the history of medicine. In short, the strength of the personal context has actually helped us to go beyond it.

While all the other libraries at McGill have been doing current cataloguing by computer through UTLAS for a number of years, the Osler Library still maintains its catalogue manually. The major reason for the delay is our approach to subject cataloguing. Instead of the usual author, title and subject catalogues, we have a "name" catalogue (with books by and about individual authors filed together, along with titles, series, etc., in dictionary catalogue style), and a subject catalogue for conceptual headings.

The name catalogue is, obviously, a continuation of Osler's approach to cataloguing the *Prima* and *Secunda*, but the *Bibliotheca Osleriana* has no subject arrangement, and thus we have been left to our own devices to contrive a suitable set of subject headings for concepts. Unfortunately, neither of the two main subject lists -- Library of Congress Subject Headings (LC) and Medical Subject Headings (MeSH) -- is adequate. The problem boils down to the fact that our collection is both primary and secondary.

MeSH is best able to handle the primary medical literature, and especially the "mainstream" contemporary primary medical literature. The problem is not simply that MeSH cannot cover outdated medical terminology or unconventional medical concepts such as "healers" (i.e. non-physicians who cure sickness), but that MeSH does not permit period subdivisions. Even the licence to use the subdivision " -- History" is given only selectively, and the arrangements for biographies and portraits are very limited.

On the other hand, LC subject headings are more flexible, and the subdivision possibilities more appropriate to a history-focussed collection, but the medical vocabulary is weak. Hence, we have constructed our own mixture of MeSH and LC headings with subdivisions borrowed from both systems. This works reasonably well with a manual catalogue, but defies integration into a system-wide union catalogue with separate MeSH and LC subject files.

The advantages of computerized cataloguing and, particularly, the value of making the holdings of the Osler Library known throughout the university and beyond are alluring, and yet it seems that using one system or the other exclusively would mean the sacrifice of our only opportunity of creating a subject approach to this complex collection. We are saddled with this situation because Sir William created the kind of library he did, and some creative thinking will be necessary if the personal context under which the library has always functioned is not to come into conflict with the broader scholarly and informational context we hope to build. There is, however, solid ground for hope that we can have the best of both worlds.

The new NOTIS system recently adopted by the McGill University Libraries can handle special subject files, and it may be possible for us to catalogue on-line with our peculiar and, potentially, innovative and useful amalgam of LC and MeSH. Whether we will be permitted to do so depends on policy decisions that lie outside our control, but this option appears to provide the best conditions for opening the Osler Library to the wider world, while maintaining its special and highly personal style.

When one takes responsibility, as I have recently, for a library of this character, one rapidly learns that libraries, like people, are conditioned both by heredity and by the long chain of imperceptibly tiny decisions made daily which cumulate, ineluctably, into a tradition. Tradition can be exasperating in its stubborn tenacity, but a library's tradition has a powerful and not entirely explicable capacity to enhance the expressive qualities inherent in the very books which a library is intended to shelter and reveal. Making the "personal context" tradition of the Osler Library work to reveal the astounding riches of its collections is a demanding and a delicate task, but the rewards -- intellectual, professional, and in my case, personal, as well -- are among the most exhilarating that medical librarianship can provide.

* * * * *

Nominations for

HONORARY LIFE MEMBERSHIP IN CHLA/ABSC

are now being received by the Board of Directors.

"To be eligible for Honorary Life Membership in the CHLA/ABSC, a candidate must have played an active role in the . . . affairs of the Association, and fulfill the following:

- 1. be at or near the close of an active career in health sciences librarianship*
- 2. hold a regular membership at the time of the nomination,*
- 3. have made a significant contribution to the advancement of the purposes of the Association."*

(Quoted from the Canadian Health Libraries Association Executive Manual, Appendix B)

Nominations must be made IN WRITING and mailed to:

Dorothy Fitzgerald, President
Canadian Health Libraries Association
McMaster University Health Sciences Library
1200 Main St. W.
Hamilton, Ontario L8N 3Z5

A *curriculum vitae* and a statement of the candidate's contributions to, and activities within, the Association must be included. Nominations must be received by 1 January 1987.

Lynda Kabbash, M.D. and Norbert Gilmore, Ph.D., M.D.

Division of Clinical Immunology
Royal Victoria Hospital
McGill University
Montréal, Québec

Acquired immunodeficiency syndrome (AIDS) is a fatal disease caused by a new Retrovirus infection which damages the immune system, resulting in loss of protection against many infectious diseases and some cancers. AIDS is the most destructive consequence of infection by this virus, related to the Lentivirus family, termed *human immunodeficiency virus*, or HIV, (formerly *human T-lymphotropic virus-III* [HTLV-III] or *lymphadenopathy-associated virus* [LAV]) (1,2). The first 5 cases of AIDS were reported in 1981 (3); now there are over 1.5 million adults infected with HIV in North America (4). This epidemic has produced immense public impact and increasing health care costs (5). Intensive research has identified HIV as the etiological agent, elucidated modes of transmission and outcome of infection, developed methods for detecting infection, and is developing strategies for potential therapies and vaccines.

AIDS is a new disease. It is producing an explosion of information for which there is an intense and growing demand. This demand has been characterized by an urgency, paralleling the rapid increase in the epidemic. Communication of this information necessitates that accurate, up-to-date data on AIDS and HIV infection be available and accessible to the medical and scientific communities, public health authorities, and the public. Medical libraries are a crucial resource for this information. Understanding AIDS and HIV infection will facilitate and expedite library responses to requests for information about AIDS and HIV infection.

PATHOLOGY OF HIV INFECTION

HIV only infects man, and chimpanzees, which has severely limited its study. The cells which HIV infects are T-lymphocytes (T4+ or T helper cells) and macrophages. Destruction of these cells produces the AIDS immunodeficiency (1,2). Infectious virus has been recovered from blood, plasma, serum, semen, saliva, tears, urine and breast milk (2,6-12). Infection has followed exposure to infected blood or blood products, semen (sexual activity or artificial insemination), and possibly breast feeding, and bone marrow transplantation (1,2,4,12,13). Transmission by urine, saliva or tears has never been documented (14). Air-borne, insect-borne and surface-borne transmission has not been documented.

Virus infections usually elicit a serum antibody response to the infecting virus. HIV antibodies can be detected in serum from most adults infected with this virus (2,4,6,8). HIV can also be cultured from blood of a high proportion of infected persons, even if free virus is absent from plasma, and regardless of disease manifestations; therefore, anyone who is seropositive (i.e. has HIV antibodies in serum) is presumed to be *potentially* infectious. Since HIV has also been isolated from some seronegative individuals belonging to groups in which HIV infection is very

prevalent (so called "high risk" groups), anyone belonging to a high risk group is also assumed to be *potentially* infectious.

Profound immune system damage is a late manifestation of this infection. In almost all symptomatic infected adults, and in some asymptomatic, apparently healthy infected adults, immunological defects occur. Only a minority of infected adults have progressed to the florid immunodeficiency of AIDS. More than five years may elapse before this immunodeficiency develops, and as many as 20% of infected persons may develop AIDS (4). What determines the outcome of HIV infection is unknown.

The opportunistic infections or unusual malignancies which result from this immunodeficiency define it as AIDS. *Pneumocystis carinii* pneumonia occurs in over 60% of persons with AIDS; a cancer known as Kaposi's sarcoma occurs in approximately 20%; among other illnesses are infections by *Toxoplasma gondii*, *Cryptosporidium*, *Mycobacterium avium-intracellulare* and rare lymphomas. Retrovirus infection of the brain also occurs. This is a slowly progressive infection, possibly of macrophage-type cells in the brain. A classification of the diseases produced by HIV infection appears in the table below.

CLASSIFICATION OF HIV DISEASES

[adapted from *MMWR* 1986; 35: 334-339]

I. ACUTE INFECTION	with/without meningitis
II. ASYMPTOMATIC INFECTION	with/without laboratory defects
III. PERSISTENT GENERALIZED LYMPHADENOPATHY	with/without laboratory defects
IV. OTHER DISEASES	
A. Constitutional disease	[fever; weight loss; diarrhea]
B. Neurologic disease	[dementia; myelopathy; neuropathy]
C. Secondary infectious diseases	
1 AIDS criteria infections	[Pneumocystis; toxoplasmosis, etc.]
2 Other infections	[hairy leukoplakia; multidermatoma] [h zoster; salmonella bacteremia; [nocardiosis; tuberculosis; thrush]
D. Secondary cancers	[KS, non-Hodgkins or CNS lymphoma]
E. Other conditions	[Lymphocytic interstitial pneumonitis; [confounding illnesses & drugs, etc.]

EPIDEMIOLOGY OF HIV INFECTION

HIV infection is a world-wide problem. Epidemiology of this infection differs between industrialized and less developed areas (1,2,4,6,15,16). In North America, Europe and Australia men are the major group infected. Most of them have engaged in homosexual activity or in needle-sharing drug abuse (4). In Africa, equal proportions of men and women have been infected (4,15,16). Mechanisms of transmission in Africa and Haiti remain unexplained. Heterosexual transmission of HIV infection is thought to contribute to this increasing spread. However, the extensive spread of this infection may have been initiated by re-use of disposable, incompletely cleansed needles and syringes, tattooing and scarification, and possibly poor hygiene and sanitation. The number of infected persons worldwide is unknown. In some central African cities 15% or more of adults and 65% of prostitutes have been infected. In some American cities over 60% of gay men, 80% of persons who abuse drugs intravenously, and 75% of persons with hemophilia who regularly receive blood transfusions have been infected. The number of AIDS cases in most industrialized countries, including Canada, doubles annually (4,15). In Canada, over 700 cases have been reported. Most of the Canadian AIDS cases have been in Ontario (40%), Quebec (30%) and British Columbia (20%); and most of the pediatric cases (90%) have been in Quebec (17).

TRANSMISSION OF THE INFECTION

The virus is transmitted by direct inoculation into the body through injection of blood or blood products or transplantation of tissues; through sexual activity with an infected person, or by artificial insemination; or, during pregnancy, to infants of infected mothers. Transmission has not been documented by other potential ways of spread, such as aerosolization, insect bites, or non-sexual contact (2,4,16,18,19,). The populations infected by HIV reflect these modes of transmission. In Canada, men engaging in homosexual activity represent 81% of reported AIDS cases; persons sharing blood-contaminated needles and syringes during intravenous drug abuse represent 17% of cases in the USA but only 0.3% in Canada; persons receiving blood or blood products represent 5.5%; and children represent 2.9%. In Canada 8.3% of cases have come from an "endemic" area where HIV infection is prevalent among heterosexual men and women (e.g. Haiti or central Africa). Many, if not most, of these persons have had no recognized risks for becoming infected, other than their origin in these endemic areas. Among persons originating in Canada, only 2.2% of cases have occurred among heterosexual partners of infected persons. Heterosexual Canadians, who have become seropositive, uniformly have a history of sexual activity with someone who is infected with HIV or who belongs to one of these high risk groups, or they have received blood or blood products. In less than 3% of cases is information insufficient to classify cases into risk categories (17).

Surveys, based upon HIV seropositivity, show HIV infection has spread extensively among these groups. Infection is virtually absent among persons living in industrialized countries who do not sustain these types of exposure (20). It is becoming increasingly evident that men can infect women, and women can infect men (21). Although serological data may overestimate the real prevalence of infection in gay populations, they suggest that as many as 18%-35% of gay men in Montreal, Toronto and Vancouver may have been infected with HIV (22-24) and as many as 66% of gay men in some American cities may have been infected (2,4,8,25). Formal surveys of populations

not at substantial risk of being infected -- such as heterosexual adults -- have not been done. Data from blood collection agencies, such as the Canadian Red Cross, suggest the prevalence of infection is less than 0.05%(26). Limited studies indicate that most of these seropositive individuals have a risk factor for being infected, even though this may not be apparent to them. Data from surveys of hospital employees and smaller surveys of heterosexual men and women in Montreal show there is a virtual absence of HIV infection among heterosexual Canadians who do not have identifiable risk factors for infection (22,27).

Caring for HIV-infected persons does not appear to represent an appreciable risk of becoming infected. Less than six health care workers in North America and Europe have become infected with HIV as a result of their work. None have gone on to develop AIDS (28). They have injured themselves with contaminated needles, scalpels and other sharp materials. Less than 0.1% of all such injuries are estimated to result in HIV infection (29). Comparable exposure from hepatitis B virus-infected material resulted in 26% of injured workers becoming infected with hepatitis B virus (30).

TESTING FOR HIV INFECTION

Antibody assays are the most sensitive and specific tests for HIV infection. However, anyone being tested should know that sufficient time must elapse before seroconversion occurs and that seronegativity is not conclusive evidence that infection has not occurred. They should also understand that neither extent of HIV injury nor prognosis can be defined by serological results. The social consequences of antibody testing for HIV infection have been extremely controversial. Among the more prominent bases for this are: potential damage to the person being tested if results become known (loss of privacy, employability, rights to shelter, educational opportunities, insurability etc.) and the psychosocial impact which test results can elicit. This includes the inability of testing to predict outcome. Early estimates of outcome suggest as many as 5% of HIV-infected persons may develop AIDS per year of seropositivity (4,20,25,31,32). What determines outcome following infection is unknown. No tests can predict whether or not an infected person will develop disease, or what diseases may result. Also, there is no way to stop the infection, once someone becomes infected, limit the be directed at preventing infection. All blood donations in every industrialized nation are now being screened to prevent HIV transmission by blood and blood products. Intensive efforts are underway to educate the public, especially persons at increased risk of becoming infected, or of infecting others. More and more pamphlets, brochures, guidelines, videos, government documents and reports are being produced to educate the public, especially high risk groups, about prevention.

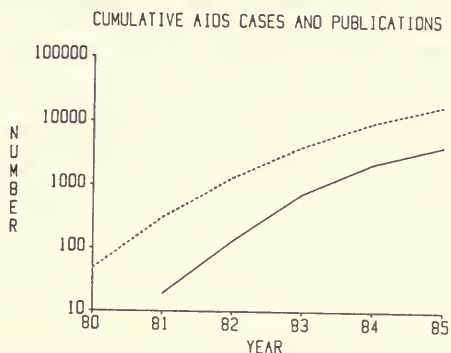
AIDS is a costly illness be directed at preventing infection. All blood donations in every industrialized nation are now being screened to prevent HIV transmission by blood and blood products. Intensive efforts are underway to educate the public, especially persons at increased risk of becoming infected, or of infecting others. More and more pamphlets, brochures, guidelines, videos, government documents and reports are being produced to educate the public, especially high risk groups, about prevention.

AIDS is a costly illness (5,33). Increasing demands for already scarce resources are paralleling the increase in numbers of AIDS cases. Community-based support

groups, hospices and hospital programmes are being developed to minimize the growing costs of AIDS and to ensure that care is available to anyone who is infected, or who has AIDS.

THE AIDS INFORMATION EXPLOSION

The number of AIDS cases has steadily increased since the first cases of AIDS were discovered in 1981. The scientific literature on AIDS has also steadily increased, as shown in the figure below.



Cumulative number of AIDS cases in the United States of America, reported to Centers for Disease Control, Atlanta GA (broken line), and cumulative number of publications on AIDS, indexed by the National Library of Medicine Literature Search on AIDS (solid line).

AIDS has had immense impact on the health care system and upon the public. The demand for information has been immense. The topics are diverse, reflecting the scientific information, health and social care needs and public impact produced by this epidemic. Scientists, health care workers, and the public are being informed about AIDS and HIV infection through scientific literature, government and institutional reports, popular scientific publications, commentaries and news reports. Widespread interest and the immediate need to know about AIDS is exemplified by press reports of discoveries or developments. Often these reports precede publication of scientific papers. Sometimes, this has produced controversy, inaccurate or incomplete information, and urgent demands for information, especially for the scientific and background publications relating to these reports.

AIDS has had impact upon almost every aspect of society. Literature being produced reflects this diversity. This includes literature on AIDS and HIV infection relating to clinical medicine, immunology, virology, psychology, and public health

disciplines, health care delivery, economics and policy, education, sociology, law, and ethics. Educational information has also been directed to the public, business and industry, educational and other public institutions, and groups at risk of becoming infected with HIV. Guidelines and specific educational materials are being prepared for the public and specific groups to prevent the spread of HIV infection. Education is essential to control the spread of this infection. This requires up-to-date, authoritative information. These materials should be readily available to anyone who may request or need this information.

Initially, most major developments relating to AIDS were published in a small number of journals: *American Journal of Medicine*, *Annals of Internal Medicine*, *Canadian Medical Association Journal*, *Journal of the American Medical Association*, *Lancet*, *Nature*, *New England Journal of Medicine*, and *Science*. Information is also published in *MMWR Morbidity and Mortality Weekly Reports* and the *Canada Diseases Weekly Report*. As efforts to understand and control AIDS have increased, so has the mass of information. Specialized journals and reports carry more and more information about AIDS and HIV infection. A wide range of information sources must be accessible to provide comprehensive and current information to health care workers. Medical libraries which are actively collecting reference materials on AIDS and HIV infection expedite access and availability to the information, facilitate consulting this rapidly expanding knowledge base, and provide up-to-date information on a perplexing new disease.

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LE ROLE DU GROUPE D'INTERET DES BIBLIOTHEQUES DE LA SANTE AU SEIN DE L'ASTED

Louise Deschamps
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Hôpital Notre-Dame
Montréal, Québec

INTRODUCTION

Bonjour à tous. Mon nom est Louise Deschamps. Je suis présidente du groupe d'intérêt des bibliothèques de la santé de l'ASTED depuis 1982. Mon mandat se termine cette année. Je travaille comme bibliothécaire à la bibliothèque médicale de l'Hôpital Notre-Dame depuis 1973.

Je suis venue aujourd'hui vous parler du rôle du groupe d'intérêt des bibliothèques de la santé au sein de l'ASTED. Que faisons-nous ? Qui représentons-nous ? A quoi servons-nous ? Ce sont toutes des questions auxquelles je tenterai de répondre. Mais avant, je pense qu'il serait souhaitable que je vous dise quelques mots sur l'ASTED elle-même.

L'ASTED

Le mot ASTED signifie: Association pour l'avancement des sciences et techniques de la documentation. *"Le but de l'ASTED est de promouvoir l'ensemble des intérêts du milieu des services de documentation, de ceux qui y sont professionnellement engagés, et du public en général."*¹

L'ASTED groupe toutes les sortes de bibliothèques: les bibliothèques nationales, les bibliothèques de niveau universitaire, collégial ou scolaire, les bibliothèques spécialisées, les bibliothèques publiques ou gouvernementales, sans oublier les librairies ou les maisons d'édition. De ce fait, elle s'adresse à un public très diversifié: bibliothécaires, techniciens en documentation, archivistes, administrateurs, libraires, etc.

*"L'ASTED agit comme force de pression sur les divers niveaux de gouvernement et autres organismes dont dépendent le devenir des services de documentation."*²

Elle est souvent appelée à donner son avis sur différentes questions concernant le monde de la documentation. De plus, elle offre à ses membres des activités de perfectionnement non seulement dans le cadre de son congrès annuel mais également tout au long de l'année.

DEFINITION ET FORMATION DU GROUPE D'INTERET DES BIBLIOTHEQUES DE LA SANTE

L'ASTED regroupe différentes catégories de bibliothèques en Groupes d'Intérêts: spécialisées, scolaires, collégiales, publiques, médicales, etc. Les membres de l'exécutif d'un groupe d'intérêt doivent s'occuper des intérêts de ceux qu'ils

1 L'ASTED et vous (dépliant).

2 Idem.

représentent. Ils doivent être à leur écoute afin de leur fournir l'aide et les informations dont ils ont besoin.

Le groupe d'intérêt des bibliothèques de la santé de l'ASTED comprend environ 65 membres oeuvrant surtout dans les bibliothèques médicales francophones. Ils viennent de toutes les régions du Québec et même de l'est de l'Ontario et du Nouveau-Brunswick.

LE ROLE DU GROUPE D'INTERET DES BIBLIOTHEQUES DE LA SANTE

Je pense que la meilleure méthode pour vous expliquer le rôle du groupe d'intérêt des bibliothèques de la santé au sein de l'ASTED, c'est de vous donner un aperçu de ce que le groupe a entrepris depuis quelques années.

Les réseaux

Nous avons d'abord pensé qu'il était essentiel de pouvoir rejoindre toutes les bibliothèques médicales et en particulier celles étant situées en régions éloignées. Nous savions que des réseaux existaient déjà mais nous ne connaissions pas leur fonctionnement. Nous sommes donc entrées en communication avec eux. Lors d'une journée d'étude, nous avons invité les représentants de chaque région à venir nous parler d'eux.

Ici, je dois toutefois avouer que cette tâche n'est pas toujours facile car il nous faut la collaboration de tout le monde si nous voulons nous assurer que toutes les informations parviennent à tous. Les réseaux avec lesquels nous gardons contact sont:

- les bibliothèques de la santé de la région de Québec
- les bibliothèques de la santé de la région 02
- les bibliothèques de la santé d'Ottawa/Hull
- l'Absaum
- MMNHLA, le groupe de McGill
- Montreal Medline Users' Group

Les bibliothèques et l'administration

Face aux coupures budgétaires qui ont atteint presque toutes les bibliothèques il y a quelque temps, nous avons fait une enquête afin de savoir si certaines devaient faire face à des fermetures définitives. Cela ne fut pas le cas; et si cela l'avait été, nous aurions entrepris des démarches auprès des administrateurs afin de leur faire prendre conscience des avantages d'une bibliothèque dans un centre hospitalier.

Dans le but de sensibiliser les différents administrateurs de la santé à l'importance et au rôle des bibliothèques ou centres de documentation au sein de leur institution, nous avons tenu un kiosque les 28 et 29 mai dernier au congrès de l'Association des Hôpitaux du Québec. Ceci était une première.

Permettez-moi de vous en donner un aperçu. Les visiteurs étaient des membres du conseil d'administration, de la direction des services professionnels ou de la direction des services hospitaliers, des directeurs généraux, des directeurs des services auxiliaires et des directeurs de finances. Ces personnes nous ont posé les questions suivantes:

- Qui êtes-vous ?
- Que faites-vous ?
- Quelle est l'utilité d'un ordinateur dans une bibliothèque ?
- Comment fonctionnent les réseaux de bibliothèques ?
- Quelles sont les possibilités du PEB ?

Sur place, nous leur offrons gratuitement de leur faire une recherche automatisée sur Medline.

Il est important de bien se faire connaître dans notre milieu afin que tous, et non seulement les médecins ou le personnel infirmier, réalisent que la bibliothèque peut répondre à certains de leurs besoins.

L'ICIST et L'ASTED

Tel que demandé par l'ICIST, l'ASTED a nommé un représentant au comité consultatif du Centre bibliographique des sciences de la santé (CBSS). Cette nomination permet à l'ASTED d'être présente au sein d'un groupe qui s'occupe de documentation. Présentement, monsieur Louis-Luc Lecompte, bibliothécaire à l'Hôpital Ste-Justine est notre représentant et son rôle consiste à nous tenir au courant des différentes activités de l'ICIST et à apporter auprès de celui-ci nos demandes et nos problèmes face aux services offerts.

Activités de perfectionnement

L'ASTED tient à ce que ses membres se perfectionnent dans leur profession et elle encourage les groupes d'intérêt à promouvoir des activités ou les spécialistes de la documentation pourront parfaire leurs connaissances dans des domaines très spécifiques.

Aussi, le groupe d'intérêt des bibliothèques de la santé organise-t-il des journées d'étude ou des ateliers lors du congrès annuel. Jusqu'ici, les sujets suivants ont été touchés: la télé-référence, la loi 65, l'informatisation des services d'une bibliothèque, les systèmes experts, les bibliothèques d'associations. Le système ENVOY 100, les bases de données de la CSST et la relation utilisateur-spécialiste en information documentaire seront étudiés au congrès ASTED/CLA le 20 juin prochain.

Ces activités veulent non seulement parfaire les connaissances des membres mais elles veulent aussi aider le spécialiste de la documentation à mieux remplir ses tâches. Par exemple, nous avons déjà fait venir un spécialiste pour nous expliquer comment répondre le mieux possible aux questionnaires sur les bibliothèques dans le processus d'agrément des hôpitaux.

Après chaque activité ou journée d'étude, le groupe d'intérêt des bibliothèques de la santé de l'ASTED se fait un devoir d'envoyer un compte rendu à ses membres et à ceux qui y ont assisté. Prochainement, dans la revue *Documentation et bibliothèques*, vous aurez la chance de lire un article de Madeleine Dumais sur l'évaluation d'une petite bibliothèque. Cet article fait suite à un atelier tenu lors d'un congrès annuel.

Activités diverses

Le rôle de notre groupe d'intérêt consiste évidemment à répondre aux différentes demandes émanant de ses membres ou d'organismes rattachés au domaine de la santé. Malgré toutes les informations qui sont véhiculées, nous tentons de nous mettre à jour. Si nous savons qu'un sujet peut intéresser l'ensemble de nos membres, nous nous efforçons de les tenir au courant soit par l'intermédiaire du bulletin des **Nouvelles de l'ASTED**, soit par des envois postaux spéciaux. Par exemple, nous avons entrepris de nombreuses démarches afin de savoir quand serait prête la traduction française du MeSH.

De plus, chaque année, nous tenons une assemblée générale.

CONCLUSION

Comme vous pouvez le constater, les tâches à accomplir pour mieux aider nos collègues sont nombreuses. Il ne suffit pas de faire jaillir des idées, il faut également être en mesure de les réaliser. Pour ce faire, un groupe d'intérêt doit évidemment être à l'écoute de ses membres et il doit être prêt à mettre des énergies et du temps pour accomplir certaines choses. La survie d'une association dépend du bon vouloir de ses membres. La participation active de tous et chacun est importante. Et malgré tous les efforts que cela demande à quelques-uns d'entre nous, je continue à penser que l'expérience acquise est très enrichissante.

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THE ROLE OF THE HEALTH LIBRARIES SPECIAL INTEREST GROUP WITHIN ASTED

Elaine Waddington (translator)

Women's Pavilion Library
Royal Victoria Hospital
Montréal, Québec

The following is a summary in translation of an address given by Louise Deschamps at the CHLA conference in Montreal on 17 June 1986. Ms Deschamps' presentation appears on pages 79-82 of this issue.

ASTED (Association pour l'avancement des sciences et techniques de la documentation) is the principal francophone library association in Canada. It admits to membership not only all kinds of libraries -- government, university, schools, colleges, special and public -- but also bookstores and publishing houses. Its members are librarians, technicians, archivists, administrators, publishers and booksellers. In addition to its educational activities, it also acts as a pressure group and takes an advisory role with the government.

The Health Sciences Special Interest Group of ASTED consists of about 65 members, mostly from francophone medical libraries from all over Quebec as well as eastern Ontario and New Brunswick.

Networks

We keep in touch with regional library networks spread over a large area: representatives are invited to annual workshops. These networks include the regions of Quebec City, Saguenay-Lac-St-Jean, and Ottawa/Hull, as well as the associations of teaching hospital libraries affiliated with the Université de Montréal and McGill University.

Relations with Hospital Administration

There was the possibility that some of our libraries might have been closed as the result of budget cuts. This, in fact, did not happen, but we would have considered it our role to come to the defence of a threatened library.

We had a booth at the last Quebec Hospital Association annual meeting to publicize the important role of the library in the hospital. Free Medline searches were offered, and much interest was generated.

Relations with CISTI

Our group sends a representative to the Health Sciences Advisory Council of CISTI (presently M. Louis-Luc Lecompte from Hôpital Ste-Justine) in order to keep in touch with their activities and to make our own needs known.

Continuing Education

Our group holds an annual "study day", as well as workshops at the Annual Meeting. Subjects covered recently were: online services, automation, expert systems, ENVOY 100, and libraries of associations. We have also helped our members with answering questionnaires for library accreditation. The material covered in each workshop is summarized and sent to members.

An article by one of our members -- Madeleine Dumais -- on the evaluation of a small library is to be published in the ASTED journal *Documentation et Bibliothèques*.

Other Activities

Steps are now being taken to encourage the completion of a French translation of the MeSH headings.

* * * * *

Danielle Saucier

Responsable de la Bibliothèque
Institut Roland-Saucier (Centre Régional de Santé Mentale)
Chicoutimi-Nord, Québec

Mesdames et Messieurs, bonjour. Je n'ai pas l'habitude de parler en public, aussi vous voudrez bien m'excuser si je commets quelques maladroites. Si au cours de cet exposé vous avez des questions à poser ou des éclaircissements à demander, je me ferai un plaisir d'y répondre dans la mesure de mes moyens dès la fin de cet exposé.

Je représente aujourd'hui un réseau de bibliothèques de santé qui couvre une bonne partie de la région Saguenay-Lac-St-Jean, à un peu plus de 500 kilomètres au nord-est de Montréal. Notre réseau comprend actuellement six bibliothèques, soit celles des hôpitaux de Chicoutimi, Jonquière, Alma, Roberval, de l'Institut Roland-Saucier et le centre de documentation du Centre de services sociaux de Chicoutimi. A l'origine, le centre de documentation du C.R.S.S.S. de Chicoutimi faisait aussi partie de notre équipe, mais nos intérêts étant trop divergents de par la vocation administrative du C.R.S.S.S., ce dernier s'est retiré de l'association. Nous sommes de petites bibliothèques dont une seule compte plus d'un employé, celle de l'Hôpital de Chicoutimi.

Lorsque nous avons tenu notre première réunion, au printemps de 1980, il y avait déjà quelques temps que nous communiquions par téléphone et que nous effectuions certains échanges de renseignements et de services, mais les problèmes inhérents à l'isolement et aux restrictions budgétaires auxquels nous devons faire face nous ont portées à vouloir nous rencontrer. Depuis cette première rencontre, nous avons continué à nous réunir deux à trois fois par année en moyenne. Nous sommes toujours six bibliothèques, mais nous faisons des représentations occasionnelles auprès d'autres organismes de santé de la région pour inviter ceux qui ont un centre de documentation à se joindre à notre groupe.

Nos premières rencontres nous ont servi d'abord à nous connaître, à nous sentir moins isolées et à faciliter les échanges et les prêts entre bibliothèques. Nous avons ensuite construit manuellement un catalogue collectif de nos périodiques. Ce catalogue est actuellement en révision, suite d'abord à l'incendie qui a ravagé l'Hôtel-Dieu d'Alma en 1983, suite aussi à l'épuration et/ou à l'agrandissement de nos collections respectives. Dès que le catalogue collectif sera refait, peut-être cette fois-ci à l'aide de l'informatique, nous pensons l'offrir aux bibliothèques de santé intéressées moyennant un montant non encore déterminé qui nous permettra de couvrir les frais de reproduction. Nous prévoyons effectuer une mise à jour et/ou une refonte de ce catalogue tous les trois ans environ.

Nous avons aussi commencé à monter un catalogue collectif partiel de la documentation en ce sens que chacune d'entre nous faisait parvenir aux autres membres du réseau une fiche-sujet de tout volume classifié chez elle, car il faut vous dire en passant que le hasard a voulu que seules des femmes soient responsables des bibliothèques de santé de notre région faisant actuellement partie du réseau. Nous

avons par la suite révisé ce système et envoyé un jeu de fiches auteur-titre-sujet des dernières acquisitions à l'Hôpital de Chicoutimi qui devait nous servir de centre de référence. Ce système ne s'étant pas avéré aussi efficace que nous l'espérions en regard de l'énergie dépensée, nous nous contentons maintenant de faire parvenir à chacun des membres du réseau une liste périodique des nouvelles acquisitions. Comme vous le voyez, nous procédons par essais et erreurs et le temps et l'expérience nous permettent de rationaliser notre travail et notre collaboration.

Nous éprouvons certaines difficultés communes, telles l'isolement, le manque de personnel, le manque de ressources, qui nous ont portées à nous regrouper dans le but d'utiliser au maximum ce que nous possédons. Par exemple, l'endroit où je travaille étant spécialisé en santé mentale, les autres responsables de bibliothèques savent pouvoir faire appel à mes services en ce domaine, alors que je sais pouvoir appeler à l'Hôpital de Chicoutimi ou de Jonquière pour la médecine physique, à Roberval pour la santé communautaire, ou au C.S.S. pour les sujets se rapportant de plus près au service social. Dans cette perspective, nous envisageons d'ailleurs d'en arriver à une certaine planification de nos abonnements, tenant compte à la fois des besoins particuliers de chaque bibliothèque et des possibilités d'accès aux revues non essentielles. De cette façon, nous pourrions améliorer l'éventail des titres malgré la limitation de nos ressources financières.

Dans le même ordre d'idées, nous avons établi une liste des principales adresses où nous faisons des demandes de prêt entre bibliothèques, avec les prix et les conditions de ces établissements. Une enquête par correspondance effectuée par la responsable de la bibliothèque de l'Hôtel-Dieu d'Alma nous a d'ailleurs beaucoup aidées dans ce travail, qui n'est pas encore tout à fait complété.

Etant donné le manque chronique de temps et de personnel qui nous affecte, nous avons décidé d'un commun accord de modifier le catalogage et la classification afin de les rendre plus rapides et plus faciles. Ainsi, nous utilisons maintenant toutes le "Congrès-médecine" comme classification, à l'exception du C.S.S. qui possède son propre système-maison. De même, nous ne faisons plus de fiches co-auteur, ni de fiches collection et nous utilisons le répertoire de vedettes-matières de l'Université Laval afin de normaliser nos sujets.

Nous possédons depuis quelque temps un petit "journal", tiré à un seul exemplaire, que nous faisons circuler entre nous et par lequel nous échangeons communications et informations de toutes sortes sur les dernières parutions, les prochains colloques, nouvelles syndicales, professionnelles ou autres.

A l'enseigne des dernières réalisations et des projets en cours, il y a en plus un catalogue collectif des périodiques, une liste commune de nos outils documentaires et de recherche pour en faciliter l'accès et en planifier l'acquisition et/ou la fabrication. Dans cet ordre d'idées, nous projetons aussi d'unir nos voix dans le but d'obtenir des autorités compétentes une amélioration technique (matériel pour microfiches, accès à l'informatique ou autre) de nos outils de travail et d'accès à l'information. Finalement, l'une d'entre nous, Mme. Morin de l'Hôtel-Dieu d'Alma, a récemment effectué un sondage auprès de plusieurs bibliothèques de santé afin de comparer les types de données statistiques cumulées à chaque endroit et nous permettre ainsi d'établir un système statistique complet et uniforme pour notre réseau.

Voilà, ceci vous donne, je pense, une idée de nos objectifs et de nos réalisations passées, présentes et à venir. En somme, nous tentons de mettre en commun idées et ressources afin de donner le meilleur service possible avec les moyens disponibles et de demeurer dynamiques malgré l'isolement et la solitude dans lesquels nous nous trouvons.

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THE HEALTH LIBRARY NETWORK, REGION 2

Elaine Waddington (translator)

Women's Pavilion Library
Royal Victoria Hospital
Montréal, Québec

The following is a summary in translation of an address given by Danielle Saucier at the CHLA conference in Montreal on 16 June 1986. Ms Saucier's presentation appears on pages 84-86 of this issue.

The Network of Health Libraries of the Saguenay-Lac St-Jean region has six members; it includes the hospital libraries of Chicoutimi, Jonquière, Alma and Roberval, the library of the Institut Roland-Saucier and the library of the Social Service Centre of Chicoutimi.

All the libraries but one have only one staff member, and have the usual budgetary restraints, as well as the additional problem of geographic isolation. The librarians met in 1980 to form a consortium which now tries to get together at least two or three times a year.

Projects

A manually-prepared union list of serials of network libraries now needs revision, mainly as the result of a fire in the Hôtel Dieu d'Alma and changes in the other collections. Revisions are planned every three years, perhaps with the help of automation. It is hoped that sales to other libraries will cover the costs of preparation.

A union list of monographs was planned, but was discontinued as a result of the amount of work involved. Now each library simply sends the others its accessions lists.

A newsletter is circulated among members to keep them up to date about meetings, union activities, acquisitions, and the like.

Rationalization and Simplification

Members use a simplified NLM classification with no co-author entries or analytics. A list of French subject headings from Laval University is used.

The collections are rationalized in that one hospital specializes in mental health, and others in physical medicine, community health, social services, etc. A plan to rationalize subscriptions is also under way.

Future Projects

The participating libraries are planning to use a uniform method of reporting their statistics. A union catalogue of reference and research tools is projected.

Outside experts will be brought in to give technical help in computerization and the use of microfiche.

A survey is now being carried out in order to produce summaries of ILL policies of various libraries.

The goal of the Network is to give the best possible service, given the geographic isolation and the budgetary restraints of the member libraries.

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Nominations for the CHLA

AWARD OF OUTSTANDING ACHIEVEMENT

are now being received by the Board of Directors.

"To be eligible for the Award of Outstanding Achievement, a candidate must have made a significant contribution to the field of health sciences librarianship in Canada. The candidate's contribution must be of more than passing importance, interest, or local advancement. In addition, the candidate must fulfill at least one of the following:

- 1. be currently registered as a member of the Association, OR*
- 2. be currently employed as a health sciences librarian, OR*
- 3. have been a health sciences librarian for part of a currently active career, OR*
- 4. currently teach a formal course in health sciences librarianship, or have taught and made a significant contribution to the development of health sciences curricula."*

(Quoted from the Canadian Health Libraries Association Executive Manual, Appendix A)

Nominations must be made IN WRITING and mailed to :

Dorothy Fitzgerald, President
Canadian Health Libraries Association
McMaster University Health Sciences Library
1200 Main St. W.
Hamilton, Ontario L8N 3Z5

Nominations must provide specific examples of the nominee's contributions to the field of Canadian health sciences librarianship. A curriculum vitae, including publications of the candidate, should be included. Nominations must be received by 1 January 1987.

COMING OF AGE IN CANADA -- CANADIAN CONTRIBUTIONS TO THE INTERNATIONAL MEDICAL
LIBRARY CONGRESSES

Frances Groen

Life Sciences Area Librarian
McGill University
Montréal, Québec

In the years between the first International Congress on Medical Librarianship in 1953 and the fifth in 1985, the Canadian health information scene altered dramatically. This paper has two objectives: 1) to look briefly at major developments in the Canadian health library community between 1953 and 1985; 2) to review the Canadian contribution to these five international congresses.

THE LONDON MEETING

Five international medical library congresses have been held between 1953 and 1985, the first occurring in 1953 in London, England. Irwin Pizer has written that the mood of this first congress was an optimistic one. It would appear that the profession of medical librarianship had come of age. To quote Pizer:

*"There was a critical mass of medical librarians in the world who had proven their value to the medical profession in many lands; medical librarianship was a specialty without which the medical profession could no longer function effectively and much could be usefully accomplished by international discussion of problems and practices."*¹

The congress program for 1953 reflected the substantial role already played by the U.S. National Library of Medicine in the control and provision of medical information on a world wide basis.

This increased prominence for medical libraries as expressed in this first congress was not fully echoed on the Canadian scene. The program for the congress records no presentations by Canadians, although librarians from the Royal Victoria Hospital in Montréal and the Hospital for Sick Children in Toronto were in attendance, as was Dr. W.W. Francis, listed among the participants as "Osler's Librarian".

The Canadian medical library community had yet to come together as a political and a professional entity in 1953. We had to wait until 1957 -- four years after this first International Congress on Medical Librarianship -- for the library of the National Research Council to become the National Science Library of Canada. Only ten of Canada's present sixteen medical schools were in existence at the time, and the Canadian Library Association, founded in 1947, was itself only six years old.

¹ Pizer IH. *The International Congress on Medical Librarianship: thirty years of evolutionary change.* IFIA Journal 1985; 11: 107.

THE WASHINGTON MEETING

By the time the second congress met ten years later in Washington (1963), the library world was on the threshold of automation. The proceedings of this meeting indicate an increased awareness of information management and technology in providing access to the medical literature. MEDLARS 1 had only recently been announced at the time and the international leadership role of the U.S. National Library of Medicine was acknowledged in the choice of the U.S. capital as the conference site.

Canadian representation at this 1963 meeting was large; the conference proceedings record 50 Canadian registrants, a number of whom are well-known to the Canadian medical library community today. Doreen Fraser, Librarian at the University of British Columbia Biomedical Library at the time of the congress, presented her paper on recent developments in Canadian medical libraries to the international audience attending. With considerable prescience, she reviewed a report on medical school libraries (there were then twelve schools in Canada) submitted to the Royal Commission on Health Services. This document, commonly known as the Simon Report, was a landmark in the story of the delivery of health information in Canada and its appearance at the time of the Second International Congress on Medical Librarianship is a noteworthy coincidence.

THE AMSTERDAM MEETING

The Third International Congress of [sic] Medical Librarianship was held in Amsterdam in 1969. In the years between the second and third congresses, significant developments had taken place on the Canadian library scene. In 1966, an amendment to the National Research Council Act gave statutory recognition to the National Science Library. A federal cabinet decision in 1969 directed the National Research Council to serve as the coordinating body for the development of a Canadian network for scientific and technical information. This decision set the scene for a decentralized network.

I believe that the Canadian medical library community truly came of age during the years between the second and third congresses. The factors which brought this about include the dedication of librarians who took the initiative to point out their needs and to guide their government in assuming a role in the development of a health information network. The Canadian government designated an agency which would make Medline available, and which would assume responsibility for training Canadian librarians on the system. The Health Sciences Resource Centre was established at the Canada Institute for Scientific and Technical Information (CISTI) -- the former National Science Library -- and its first head, Mr. George Ember, introduced the Centre to the international audience assembled at the Third International Congress of [sic] Medical Librarianship in Amsterdam. His paper on this "new information service" to the Canadian health sciences community still makes interesting reading today for its optimism and faith in the future of the Canadian network.

Eleven years passed between the third and the fourth international congresses on medical librarianship. During these years, a magnificent new building housing the Canada Institute for Scientific and Technical Information was opened. During the 1970's, librarians continued to work towards the automation of their libraries and to develop strategies for dealing with reductions in funding as the optimism of the sixties gave way to the oil crisis of the seventies. Reductions in the value of the

Canadian dollar on the international scene began to affect the collections of medical libraries. Canadian health librarians were becoming more aware of the need to form their own association for political as well as economic reasons. The period between the third and fourth international congresses saw the development of an autonomous association of Canadian health sciences librarians -- the Canadian Health Libraries Association (CHLA) -- meeting today on its tenth anniversary.

THE BELGRADE MEETING

The Fourth International Congress on Medical Librarianship was held in Belgrade, Yugoslavia, in 1980 and marked the first time the congress site was outside Western Europe or North America. The choice of this location pointed to an increased consciousness on the part of the profession of the need for cooperation between medical librarians from the developed and the developing worlds. The theme of the congress: *Health Information for a Developing World*, placed emphasis on information rather than on *libraries* and stressed the concepts of *cooperation* and *networking*.

Papers delivered at this congress reemphasized the role of the World Health Organization in providing computer searches and photocopies of journal articles through its regional organizations in the developing countries of Africa, Southeast Asia, the Eastern Mediterranean and the Western Pacific. Presentations from the developing world told over and over again of inadequate support for health libraries and also made clear the desire of librarians in these countries for centralized national information policies reflecting social purpose.

At this congress, too, the Section of Biological and Medical Sciences Libraries of the International Federation of Library Associations (IFLA) was designated the coordinating body for future international congresses on medical librarianship. Three hundred and seventy-five participants at this fourth congress indicated their support for the international congress as a forum for the exchange of ideas, the formation of working contacts and the improvement of international cooperation.

For the first time in 1980, the Canadian International Development Agency (CIDA) channelled funds through the CHLA to assist the participation of Third World medical librarians at the Belgrade meeting. The Canadian health library community supported the goals of the congress (*Health Information for a Developing World*), intellectually through their papers and their participation, and financially through the support provided by CIDA. This financial assistance, first provided in 1980, was increased for the Fifth International Congress on Medical Librarianship held in Tokyo in 1985.

THE TOKYO MEETING

Participants in international congresses have an unusual opportunity to learn about developments in their profession in the host country, and to develop an understanding of different cultures. The fifth international medical library congress in Tokyo was not an exception to this generalization. The richly complex heritage of Japanese medicine, combined with the rapid development of Japanese information technology, made the fifth international congress most rewarding. A conceptual shift was evident at the congress. Where the fourth congress had emphasized the "developing world", the fifth was concerned with "one world". This congress reviewed resources, cooperation and services in the developing and the developed worlds. There were 567 congress delegates in attendance, representing 64 countries. They heard 125 papers

delivered by speakers from 36 countries. In addition, five continuing education courses sponsored by the Medical Library Association (MLA) were presented. These had been chosen with the needs of the delegates from the developing world especially in mind.

The conference theme: *One world*, complemented the World Health Organization's goal: *Health for all by the year 2000*. The lack of availability of data regarding the Third World was stressed by Mr. Adrian Senadhira in his theme speech on resources. He shared with delegates the problems resulting from the "fugitive" nature of much Third World medical literature. Excellent papers by delegates from the developing countries went on to discuss problems created by inadequate access to information resources, inadequate funding and difficulties with currency exchange. Efforts are being made to address some of these problems, regionally, by the World Health Organization's Southeast Asia Regional Office programme known as *Health Literature, Library and Information Services* (HELIS), and by the Southeast Asia Medical Information Centre (SEAMIC). The activities of these agencies were evident in the many special meetings they held for participants during the congress period.

Participation of librarians from the developing world was essential if the theme of the congress (*One world*) was to have any real significance. To assist this participation, the CHLA obtained from CIDA a grant to support attendance by librarians from the developing world. The CIDA grant -- increased from \$12,000.00 in 1980 to \$21,000.00 in 1985 -- enabled developing world participants to present papers and to attend continuing education activities. These funds supported delegates from Bangladesh, Sri Lanka, Sierre Leone, India, Uganda and Ghana.

Canadian concern was demonstrated at the Tokyo meeting, however, by more than financial support. There were eight Canadians in attendance at this meeting, representing hospital and university libraries and the International Development Research Centre. Five Canadians contributed papers on widely varying topics. Frances Delaney -- representing the International Development Research Centre -- discussed new directions for health information in the developing world. Jean-Paul Jette, of the Université de Montréal, reviewed sources of information for veterinary medicine using the Telum database. Babs Flower speculated on the gatekeeper and the satellite in the delivery of medical information. Professor Geoffrey Pendrill of the University of Western Ontario published his research on information-seeking behaviour among hospital doctors in the conference proceedings. My own paper explored the extent to which the Matheson model is relevant as a tool for forecasting the development of medical information management in Canada.

THE NEXT MEETING AND BEYOND

Planning is already underway for the sixth congress, to be held in New Delhi, India, in 1990. The intervening years may well be financially difficult ones for health sciences librarians in Canada. In such times, programmes of associations and institutions are likely to be highly scrutinized. As purse strings tighten, individuals focus on local needs and phrases such as, "Charity begins at home," are likely to be heard. Why then, should a small, self-help association whose primary objective is the improvement of health library practice in Canada, be interested in the international scene?

Health librarians in Canada have a unique contribution to make to international development. As information managers, we are in the vanguard of developments in

communications. The means by which a nation communicates and gains access to information to improve the quality of life is unequally shared around the world. Many developing countries lack the most basic information resources which Canadians take for granted. For example, the African nations, together, publish only one per cent of books printed throughout the world.

Canadian health librarians are in an excellent position to support the goal of the World Health Organization: *Health for all by the year 2000*. There is much reason for optimism in realizing this goal. To use only one example, nations of the world have cooperated to abolish smallpox. As an indication of the success of the international public health movement, Third World children born today can expect to live 10 years longer than their parents born 25 years ago. If information is an essential component of a quality health care system, it is important for developing countries to identify information which can assist them in promoting health.

As the year 2000 approaches, *Health for all* can be achieved through the continuing efforts of associations such as the CHLA and organizations like CIDA. A world in which good health, like information, is available to all is a realizable goal to which all of us can contribute.

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OPTICAL DISK TECHNOLOGY AND ITS LIBRARY APPLICATIONS

Roddy Duchesne

Senior Network Officer
National Library of Canada
Ottawa, Ontario

INTRODUCTION

The purpose of this article is to provide a basic non-technical introduction to optical disk technology, and a review of the library applications of this technology. A short reading list is provided to assist the reader in obtaining more detailed information and in tracking new developments as they take place.

Information storage capacities quoted in this article are in megabytes (MB) and gigabytes (GB). A *megabyte* is 1,048,576 bytes, where a byte is, typically, an eight bit character. A *gigabyte* is 1,073,741,824 bytes.

Assuming character-encoded pages with 4,000 characters per page, a gigabyte can store some 268,000 pages. The number of pages stored drops if they are stored in high resolution image form. The Library of Congress stores page images at 300 dots per inch resolution and finds that one gigabyte stores 10,000 - 15,000 pages.¹ The number of pages stored drops again if images are not only high resolution, but also in grey scale or colour.

THE TECHNOLOGY

A brief review cannot cover more than the broad outlines of the technology. The reader is referred to the reading list at the end of this article for further information. For brevity and clarity, this review is limited to optical disk media, products and services available in quantity on the North American commercial market in June 1986.

Types of Optical Information Storage Media

While this review is limited to the disk format, it is worth pointing out that card and tape formats will be used, increasingly, for certain applications within the next year or so. Optical tape is particularly suitable for mass storage where frequency of access is low and slow access speed is acceptable. A single reel of optical tape may hold 1,000 GB of data (five hundred times the capacity of most double-sided 12 inch diameter optical disks). Storage of large volumes of satellite data is the type of application to which optical tape is likely to prove well-suited. Optical cards are at the other end of the storage capacity spectrum. Typically, they

¹ Library of Congress Optical Disk Print Pilot Program (1983-1985); program and system information. Washington: Library of Congress, 1985: 2.

hold some 2 to 4 MB of data. This is between one-thousandth and one five-hundredth of the capacity of most double-sided 12 inch diameter optical disks.

Cards can be "read only" or "write-once-read-many" (WORM). "Read only" cards are projected as a viable means of publishing computer software, technical manuals, periodicals, and other document applications.² "Write-once" or WORM cards may be used to hold personal identification, medical history, and financial accounting information.

Major Current Optical Disk Media

"Optical disk" in this article refers to a disk on which information is recorded in the form of markings (pits, bumps, spots, or marks) by an optical system. The optical recording system normally employs a laser. A common width of marking is 0.5 microns, or one two-thousandths of a millimetre.

Optical disk media can be categorized in numerous ways. One categorization is by diameter size. The most common diameter sizes are, presently, 4.72 inches and 12 inches. These are nominal, not exact, sizes. The nominal 4.72 inch diameter corresponds to a nominal 12 centimetre diameter; similarly, nominal 12 inch corresponds to nominal 30 centimetres. 4.72 inch diameter disks are commonly referred to as "compact disks" or CD's. Compact disks are currently of two kinds: compact digital audio disk (CDAD), and compact disk read only memory (CDROM). CDAD's are the audio disks which one sees everywhere in stores selling sound recordings. They hold up to 74 minutes of extremely high quality audio per side. CDROM's hold between 500 and 600 MB of user data per side. Another current disk size is 8 inch diameter. This is used for rock video and for some office automation systems. 5.25 inch diameter disks are beginning to be produced in volume and are expected to be sold in considerable quantities for write-once drives attached to computers, particularly microcomputers. Smaller sizes of disk are projected. For example, 3.5 inch diameter disk systems are at the beta test stage.

Another categorization of optical disks is "read only" or "write-once-read-many" (WORM) disks. Erasable disks are not yet available in quantity on the commercial market. "Read only" disks are pressed in quantity from a master and are the choice for publishing in quantity. WORM disks are written one-at-a-time and are suited to applications (such as archiving) requiring only a very small number of copies. Table # 1, below, compares Pioneer "Read Only" disk mastering/pressing charges and Thomson Gigadisc WORM prices.

A third categorization of optical disks is disks with digital encoding and disks with analogue encoding. The term "videodisc" is currently used for all analogue encoded disks. Analogue encoding employs variably spaced marks of variable length on the disk recording surface. Digital encoding employs regularly spaced marking positions which are, more or less, uniform in size within any one disk track or single turn of the disk spiral. While there are a few players on the market which can read both digital and analogue disks, most disk readers read only one of these formats. Videodiscs are most commonly used to store video and sound. Used in this way, a 12

² Scherwin JB. *The potential role of Drexon Laser Cards in optical publishing. Videodisc and optical disk* 1985; 5: 288-93.

inch videodisc normally has a maximum playing time per side of between 30 and 60 minutes. The lower figure is for Constant Angular Velocity (CAV) disks designed for continuous, non-interactive play. Videodiscs can also be used to record digital information. This is accomplished by employing digital-to-analogue conversion in the recording process and analogue-to-digital conversion in the playback process. Two companies marketing systems using this technique are LaserData Inc., of Woburn, Massachusetts, and Reference Technology Inc., of Boulder, Colorado. Twelve inch disks produced using this process typically hold up to 800 MB of user data per side. This compares with 1 GB per side for the majority of 12 inch diameter digitally encoded disks not employing analogue/digital conversion.

Table # 1 "Read Only" disk mastering/pressing costs
compared with WORM disk prices*

* U.S. dollars per single-sided disk -- June 1986

Quantity	Pioneer CAV RO 12 inch diameter	Gigadisc WORM 12 inch diameter
1	\$ 2,100	\$ 560
4	535	560
100	31	560
1,000	12	560
10,000	7	560

Players

Prices noted in this section are single quantity end user prices. "Read only" systems are, generally, less expensive than WORM systems. Compact disk players start at about \$300.00 (U.S.). A high fidelity system is needed in addition to the player. CDROM players range from \$850.00 to \$1,600.00 (U.S.). In addition to the drive, the user requires an IBM PC/XT or compatible microcomputer with 256K memory. Videodisc systems vary greatly in price. Conventional videodisc players with built-in microprocessors range from about \$600.00 to \$1,600.00 (U.S.). In addition to the player, users need a monitor and, desirably, an amplifier and loudspeakers. Reference Technology Inc. markets a high end videodisc information storage and retrieval drive for around \$15,000.00 (U.S.).

Twelve inch diameter write-once disk players and controllers are generally in the range of \$18,000.00 to \$22,000.00 (U.S.). Such systems can be very expensive when all the other system components are counted. Other components include a mini- or microcomputer, monitors, printers, scanners, jukeboxes, and software. Office automation systems are marketed in the low hundreds of thousands of dollars up to more

than \$1,000,000.00 (U.S.). Drives for 5.25 inch diameter disks are at the low end of the write-once player price spectrum and are marketed in the range of \$4,000.00 to \$8,000.00 (U.S.).

LIBRARY APPLICATIONS

Applications of Read Only Disks

Compact digital audio disks are the library material of choice for music recordings. There are a number of reasons for this. Key CDAD advantages include superb sound quality and virtual freedom from wear and tear and cleaning problems associated with conventional records.

Videodiscs have been part of the audiovisual collections of libraries for years. A number of libraries loan videodiscs and readers to patrons. Videodiscs can also be used for interactive instruction and training, and for promotion, sales and publicity. The National Library of Canada uses a videodisc for publicity, among other things.³

The Optical/Electronic Publishing Directory 1986 lists 42 text-oriented optical disk publications. Of these publications, 26 are on CDROM only; 11 are on videodisc only, and 5 are offered on both CDROM and videodisc. The applications index of the Directory lists the publications under the following headings: Business, Engineering, Education/Academic, Government, Library Applications, Medicine, and Other. All the publications are potential library materials, assuming sufficient volume of use to justify their acquisition. The Library Applications disks are those to support library cataloguing, acquisitions, and reference services. All the medical publications listed in the Directory are quarterly CDROM services with annual subscriptions in the range of \$3,000.00 to \$8,000.00 (U.S.), with the exception of *Medicine, Health Care and Biology*, which has an annual subscription price of \$1,150.00 (U.S.). Medical optical disks on the market in June 1986, listed in the Directory, are as follows: Digital Equipment Corp.: *Medicine, Health Care and Biology*; Micromedex Inc.: *Drugdex, Emergindex, Identindex, and Poisindex*.

This type of publishing will, almost certainly, increase as player prices come down, standardization issues are addressed, and the electronic publishing market expands. A greater range of charging schemes is likely to develop. The present schemes are flat fees with no usage-sensitive element. Databases are likely to continue to be marketed with flat fees as one option. It is likely that other options will be added to this, for example, a lower flat fee, plus a charge per page/article/reference printed out. University Microfilms International, for example,⁴ included a transactional billing and royalty system in its prototype workstation.

³ Optical disk technology and the library. (Canadian Network Papers, number 9). Ottawa: National Library of Canada, 1985: 33.

⁴ Press release: UMI announces plans to distribute optical-disc databases. Ann Arbor, Michigan: University Microfilms International, 1985 November 4.

Applications of Write-once Disks

Before long, the largest numbers of write-once disks are likely to be used in general-purpose microcomputer peripherals. Write-once disks are also likely to be used in some large systems for archiving machine-readable data in a format which is both more compact and has lower maintenance costs than magnetic tape. The Machine Readable Data Archives of the Public Archives Canada has an on-going project in this area. Write-once disks are used in a number of large information storage and retrieval projects, such as the Library of Congress Optical Disk Pilot Program,⁵ and the EURODOCDEL project of the Commission of the European Communities.⁶ Future mass storage applications may include the storage of medical images such as x-ray photographs.

READING LIST

Periodicals

Langley Publications, McLean, Virginia, U.S.A. Tel: (703) 532-5388
CD Data Report, monthly, \$195.00 (U.S.)

Meckler Publishing, Westport, Connecticut, U.S.A. Tel: (203) 226-6967
Optical Information Systems, bimonthly, \$75.00 (U.S.)
Optical Information Systems Update, biweekly, \$189.50 (U.S.)
Optical Information Systems Update/Library and Information Center
Applications, bimonthly, \$33.50 (U.S.)

Rothchild Consultants, San Francisco, California, U.S.A. Tel: (415) 621-6620
Optical Memory News, monthly, \$295.00 (U.S.)

Reports and Directories

Optical disk technology and the library, Ottawa, National Library of Canada, 1985. Free of charge.

Optical electronic publishing directory 1986, Carmel Valley, California, Information Arts, 1986.

Videodisc and optical digital disk technologies and their applications in libraries, Washington, Council on Library Resources, 1985.

Videodiscs, compact discs and digital optical disk systems, Hatfield, United Kingdom, CIMTECH, 1985.

⁵ Price JW. *The optical disk pilot program at the Library of Congress*. Videodisc and optical disk 1984; 4(6): 424-32.

⁶ EURODOCDEL; invitation to an experiment, Commission of the European Communities, 1985.

NEWS AND NOTES

MEDLINE ON CDROM

Michael Ridley

Head of Systems and Technical Services
McMaster University Health Sciences Library
Hamilton, Ontario

CDROM (Compact Disk Read Only Memory) is having a profound effect on the access to and availability of large databases. The high storage density of this technology, coupled with powerful microcomputers, can provide local, relatively inexpensive access to extensive databases. Having a CDROM version of a database mounted in-house eliminates the telecommunications and connect time charges which we all pay now for use of databases mounted on remote host computers and allows unlimited searching for the fixed subscription price.

The National Library of Medicine (NLM), realizing that the application of this technology would enhance distribution of the MEDLINE database, has licensed a number of vendors to issue MEDLINE in optical disk formats. Initially, NLM restricted the sale of these products to the United States; as with other new NLM products, the understanding was that they would be available for foreign use six months after their release date in the United States. Concerted pressure by the vendors has, however, caused NLM to lift this restriction and permit the sale of MEDLINE on CDROM in Canada immediately.

Two vendors are known, currently, to be able to provide MEDLINE in the CDROM format:

Cambridge Scientific Abstracts
5161 River Road
Bethesda, Maryland
U.S.A. 20816

Horizon Information Systems
1900 S. Sepulveda, Suite 200
Los Angeles, California
U.S.A. 90025

Telephone: (301) 951-1400

Telephone: (213) 479-4966

It is apparent from the advertising of these products that the vendors, themselves, are uncertain how to market this very new technology. Cambridge Scientific, for example, issued brochures promoting its version approximately six months ago. At that time, the system was still in the *beta* test phase, and the one-year subscription rate quoted was \$5,850.00 (U.S.). The pressure of the marketplace has since caused Cambridge to adjust their valuation of their product, for currently, a one-year subscription from this company has come down to \$975.00 (U.S.) !

There are a number of other issues which are critical to the introduction and success of CDROM based MEDLINE systems. Questions which any purchaser would need to have answered satisfactorily by a vendor can be grouped into three general areas : 1) search software, 2) database scope and update, and 3) technical issues.

1) Search Software

Does the search software supplied by the vendor have Boolean capabilities and search flexibility ?

Does it use familiar NLM / DIALOG / BRS commands, or does the searcher have to learn a new command language ?

Does it permit experienced database searchers to by-pass menus or the lengthy explanations needed by novice searchers ?

Does the software supplied by the vendor permit sophisticated searching ?

Can MeSH tree numbers be exploded ?

Can searches be saved for later use ?

2) Database Scope and Update

Is the database offered by the vendor the full MEDLINE database (1966-1986) ? or is it a subset ?

What sort of subset is it ?

Is it everything NLM offers in its version of MEDLINE between 1980 and 1986, or is it only the English citations, for example, from that period ?

Is the disk subscription updated monthly, or quarterly ?

How is it updated ?

Do you get a completely new disk, combining everything in one new disk, or do you have to juggle several disks in order to do a complete search ?

If the service doesn't provide disk access to the full MEDLINE database, how does the system facilitate searching backfiles (or, does it offer this service at all) ?

3) Technical Issues

Does the vendor advertise that the product adheres to proposed CDROM file standards ?

Can the system be networked ?

Is it possible to offer the service to remote locations via dial up or Local Area Network (LAN) connections ?

Is the software able to support multiple CDROM drives ?

MEDLINE on CDROM promises to be a major breakthrough in information retrieval for health sciences libraries. However, it is equally apparent that the relative inexperience of both vendors and users of this technology will require flexibility on the part of the former and diligence on the part of the latter if the new technology is to be introduced successfully into libraries.

NEWS AND NOTES

NEW SERVICE CUTS COSTS OF DIALOG USE IN CANADA

The Ontario Centre for Microelectronics (OCM) has initiated a service for Canadian libraries wanting to reduce the cost of searching DIALOG databases.

Online Library Account Management (OLAM) may be of interest to librarians using DIALOG currently, or who have electronic facilities capable of DIALOG access. An agreement between the OCM and DIALOG Information Services permits OLAM to set up a Canada-wide library network for the search service and thereby to qualify for volume usage discounts. DIALOG sends one bill to OLAM for usage of its services by any OLAM member; members receive the full portion of the volume discount negotiated, less an administration fee. The discount is \$9.00 (U.S.) per connect hour for any DIALOG database used by a member of OLAM.

The software which manages this service was developed by Brian Silcoff, manager of OCM's Strategic Information Services. It was first used in February 1984 to cut DIALOG usage costs by 10% among the professional information groups of Ontario's six technology centres, the Ontario Ministry of Industry, Trade and Technology, and the Ontario Research Foundation. OLAM is an extension of this activity that makes the volume discounts available to the entire Canadian library system.

If you and your library could benefit from this innovation, or if you want further information about it, contact:

Brian Silcoff, Manager
Strategic Information Services
Ontario Centre for Microelectronics
1150 Morrison Drive, Suite 400
Ottawa, Ontario K2H 9B8

* * * * *

CALL FOR PAPERS

The theme of our next issue will be Technical Services in Health Sciences Libraries and the editors welcome manuscripts which relate to this topic in any way that may interest potential authors and readers. Papers on automation in serials, acquisitions or in cataloguing, on provision of any of these services in small hospital libraries, or on management of technical services processes or personnel would be very welcome. These suggestions are not meant, however, to exclude any other offerings or ideas that writers may wish to submit.

The deadline for submission of manuscripts to be published in v. 8(3) is 28 November 1986. Authors should consult the *Information for Contributors* pages at the beginning of this issue before submitting papers to the editors.

NEWS AND NOTES

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FROM THE HEALTH SCIENCES RESOURCE CENTRE

Marilyn Schafer, Head

Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
Ottawa, Ontario

GRATEFUL MED

GRATEFUL MED, the software package from the National Library of Medicine used for accessing MEDLARS databases via the personal computer is now available in Canada. Its features include offline search formulation, automatic conversion to proper searching format, automatic dialing and login, and automatic downloading of search results.

If you have an IBM PC or IBM compatible with at least 256K memory, at least one double-sided, double-density disk drive, DOS Version 2.0 (or higher) and a Hayes Smartmodem or completely compatible modem, you can use GRATEFUL MED.

Order GRATEFUL MED from NTIS just as you would all other MEDLARS search tools:

number = PB86-158482

price = \$29.95 (U.S.) + \$3.00 (U.S.) handling fee per order

If you have a MEDLARS UserID code, follow the instructions in the GRATEFUL MED User Guide and the insert titled: *Important Notice to Canadians*. If you do not have a UserID code, apply to:

Health Sciences Resource Centre
CISTI
National Research Council Canada
Ottawa, Ontario
K1A 0S2

Telephone: (613) 993-1604
ENVOY.100: CISTI.HSRC
CAN/OLE: OLE03XM

SESQUICENTENNIAL YEAR OF THE U.S. NATIONAL LIBRARY OF MEDICINE: 1836 - 1986

An American Public Law which resolves that 1986 be designated as the *Sesquicentennial Year of the National Library of Medicine* cites the long history of service and technological innovation of the library, mentioning specifically the development of MEDLARS and its resulting improvement in access to biomedical information.

The Library traces its beginning to 1836, the first year that the Office of the Army Surgeon-General included a budget item to increase the holdings of the Office library.

WIDER DISTRIBUTION OF CISTI NEWS

On a recommendation from the HSRC Advisory Committee, all entries in the third edition of *Health Sciences Information in Canada: Libraries* have been placed on the mailing list for *CISTI News* if the organization is not already receiving it. Beginning with the fall issue, HSRC (Health Sciences Resource Centre) will have a regular column in *CISTI News*. This, we hope, will provide a vehicle for a wider dissemination of information about the work of HSRC.

A REMINDER ABOUT SCIENTIFIC TRANSLATIONS

The Canadian Index of Scientific Translations would like to have deposited with them a copy of any scientific article that you have had translated into English or French from any foreign language. In this way, the existence of the translation will be reported internationally and photocopies can be supplied by the CISTI document delivery service. See *Bibliotheca Medica Canadiana* 1985; 7: 85-88 for a full description of the Canadian Index of Scientific Translations.

Telephone: (613) 993-3372
ENVOY.100: CISTI.TRANS

HELLO AND GOODBYE

On 2 September 1986, Dianne Kharouba returned from maternity leave. We welcome her back at the same time as we say "goodbye" to Peter LeRoy who has been with us since January. Now that his contract with us is concluded, Peter is going on to a permanent position with Parks Canada in Ottawa.

* * * * *

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE

Marilyn Schafer, Chef

Centre bibliographique des sciences de la santé
Institut canadien de l'information scientifique et technique
Ottawa, Ontario

GRATEFUL MED

GRATEFUL MED, le logiciel de la National Library of Medicine permettant d'accéder aux bases de données du MEDLARS avec un ordinateur personnel est maintenant offert au Canada. Les caractéristiques du logiciel permettent la formulation en différée d'une stratégie de recherche, la conversion automatique au format d'entrée nécessaire,

l'appel et l'entrée en communication automatiques, ainsi que le téléchargement automatique des résultats de la recherche.

Si vous possédez un IBM PC ou un ordinateur compatible avec l'IBM et qui est doté d'une mémoire d'au moins 256K, d'une unité de disquette à double face et double densité, de la version 2.0 ou plus d'un système d'exploitation à disques (DOS) et d'un modem complètement compatible avec le Hayes Smartmodem, vous pouvez utiliser le logiciel GRATEFUL MED.

Vous pouvez commander le logiciel GRATEFUL MED du NTIS comme tout autre outil de recherche MEDLARS:

numéro = PB86-158482

prix = 29,95 \$ (US) + 3 \$ (US) (frais de manutention par commande)

Si vous détenez déjà un code d'utilisateur du MEDLARS, il vous suffira de suivre les instructions dans le guide accompagnant la disquette et de lire l'encart intitulé *Important Notice to Canadians*. Si vous n'avez pas de code d'utilisateur, adressez-vous à:

Centre bibliographique des sciences de la santé
ICIST
Conseil national de recherches Canada
Ottawa (Ontario)
K1A 0S2

Numéro de téléphone: (613) 993-1604
ENVOY.100: CISTI.HSRC
CAN/OLE: OLE03XM

CENT-CINQUANTIEME ANNIVERSAIRE DE LA NATIONAL LIBRARY OF MEDICINE: 1836 - 1986

Une loi américaine a décrété que 1986 soit désignée l'année du cent-cinquantième anniversaire de la National Library of Medicine. Par cette même loi, on fait l'éloge des services rendus et des innovations technologiques, et une mention particulière de la mise au point du MEDLARS et des conséquences bénéfiques qu'elle a eu sur l'accès à l'information biomédicale.

Les origines de la NLM remontent à 1836, la première année où le *Office of the Army Surgeon-General* a inclus un élément à son budget afin d'augmenter les fonds de sa bibliothèque.

LES ACTUALITES ICIST AURA UNE DIFFUSION PLUS LARGE

Suivant une recommandation du Comité consultatif du CBSS, toutes les bibliothèques recensées dans la troisième édition de la publication *Information en sciences de la santé au Canada: Bibliothèques* seront placées sur la liste d'envoi des *Actualités ICIST* si elles ne le sont pas déjà. A compter de numéro d'automne, le CBSS aura une chronique régulière dans les *Actualités ICIST*. Il est espéré ainsi que l'information sur le travail du CBSS aura une diffusion plus large.

UNE RAPPEL DES TRADUCTIONS SCIENTIFIQUES

Le Répertoire canadien des traductions scientifiques souhaite qu'on lui fasse parvenir une copie de tous les articles scientifiques en langues étrangères qui auraient été traduits en anglais ou en français. De cette façon, l'existence de ces traductions est signalée internationalement et des photocopies peuvent être fournies par le Service de fourniture de documents de l'ICIST. Pour une description plus détaillée du Répertoire canadien des traductions scientifiques, veuillez vous reporter au *Bibliotheca Medica Canadiana* 1985; 7: 85-88.

Numéro de téléphone: (613) 993-3372
ENVOY.100: CISTI.TRANS

BIENVENUE ET AU REVOIR

Le congé de maternité de Dianne Kharouba s'est terminé le 2 septembre 1986. Nous lui souhaitons la bienvenue en même temps que nous disons au revoir à Peter LeRoy qui travaillait avec nous depuis janvier. Le poste qu'il occupait à l'ICIST est arrivé à terme et il a accepté un poste permanent de bibliothécaire à Parcs Canada à Ottawa.

* * * * *

PEOPLE ON THE MOVE

Gwen Wright, Health Sciences Librarian at the Bracken Library of Queen's University in Kingston, Ontario will be retiring, after five years in that position, on 31 October 1986. The position of Health Sciences Librarian will be filled by Vivien Ludwin, who has been Public Services Co-ordinator at the Bracken Library since 1976.

* * * *

Jennifer Bayne, Chief Librarian at the Chedoke-McMaster Hospitals (located at the Chedoke Hospital Division) in Hamilton, Ontario, will be leaving early in October to take up her new position as Chief Librarian at the Toronto General Hospital.

* * * *

Deidre Green, formerly Health Sciences Librarian at the Credit Valley Hospital in Mississauga, Ontario, has recently been appointed Director of the Hospital Library at The Hospital for Sick Children in Toronto.

* * * *

Bonnie Brownstein has been appointed Reference Librarian at the C.C. Glemmer Library of the Canadian Memorial Chiropractic College in Toronto as of 1 August 1986. A 1984 graduate of the University of Toronto Faculty of Library and Information Science, Bonnie was Manager of the Medical Library at the Belleville Psychiatric Hospital in 1984-1985, and has had contract positions in the Library of Parliament in Ottawa and in the library of York University in Toronto.

* * * *

Cliff Cornish replaces George Zizka as the librarian for the Victoria General Hospital, in Victoria, British Columbia. Cliff is a graduate of the University of British Columbia (U.B.C.) School of Library, Archival and Information Studies and has held positions as librarian at the U.B.C. Department of Psychiatry and as Reference Librarian at the University of Saskatchewan Health Sciences Library.

* * * *

Ilka Abbott has left the Registered Nurses' Association of British Columbia and has been replaced by Joan Aufiero. Joan began her library training at Simmons College and finished it at U.B.C. in 1980. She has recently held professional library positions at the British Columbia Law Library Foundation and at Simon Fraser University.

* * * *

Kim Isaac replaces Doreen Itkonen at the Prince George Regional Hospital Library in Prince George, British Columbia. Kim is a recent graduate of the U.B.C. School of Library, Archival and Information Studies, and worked last year as a Reference Librarian at the Prince George Public Library.

MEETINGS / WORKSHOPS

Ontario Hospital Libraries Association (OHLA) First Annual Meeting

Theme : Measure for measure

Location : Women's College Hospital, Toronto, Ontario

28-29 October 1986

Contact: Margaret Taylor, Children's Hospital of Eastern Ontario, 401 Smyth Road,
Ottawa, Ontario K1H 8L1

Margaret Beckman will deliver the keynote address: Measuring Library Effectiveness at 9:00 a.m. on the first day of the conference. Other speakers will discuss Research Methods for Hospital Libraries and Designing User Surveys. There will also be a Quality Assurance Workshop and tours of four Toronto hospital libraries.

* * * * *

A Workshop on Small Hospital Libraries

Sponsor: Ontario Medical Association Consulting Library Services

Location : Ontario Medical Association, Toronto, Ontario

27 October 1986

Contact: Jan Greenwood, Ontario Medical Association Library, 250 Bloor St. E., Suite
600, Toronto, Ontario M4W 3P8 Telephone: (416) 963-9383 (x230)

This is an introductory skills workshop for library personnel who require basic training. Participants will learn how to acquire library materials, where to obtain cataloguing information and how to assist hospital staff in obtaining health information.

* * * * *

Canadian Health Libraries Association / Association des Bibliothèques de la Santé du Canada 11th Annual Meeting

Theme: Maximizing resources: management, marketing, people, priorities.

Location: Holiday Inn Harbourside, Vancouver, British Columbia

24 - 27 May 1987

Contact: Nancy Forbes, Conference Co-ordinator, Biomedical Branch Library, 700 West
Tenth Avenue, Vancouver, British Columbia V5Z 1L5 Telephone: (604) 875-4505

Many CHLA/ABSC members in Vancouver have already begun the planning of the next annual conference of the association which will take place in the late spring of 1987. The conference location will be the Holiday Inn Harbourside, a lovely hotel, strategically located downtown on the waterfront. Stanley Park and Expo 86's Canada Place are close by, with lots of shopping and restaurants within an easy walk. The opening reception will be held at the Vancouver Aquarium where, if we have at least 100 in attendance, we can have our own whale show; plan now to attend this important meeting and enjoy a whale of a time !

MEETINGS / WORKSHOPS

Journée d'étude - Groupe d'Intérêt des Bibliothèques de la Santé
Montréal, Québec
7 Novembre 1986

Contactez: Louise Deschamps, Bibliothèque de l'Hôpital, Hôpital Notre-Dame, 1560 rue
Sherbrooke est, Montréal, Québec H2L 4M1

Le groupe d'intérêt des bibliothèques de la santé de l'Asted organisera une journée
d'étude à l'intention de ses membres le vendredi 7 novembre 1986 à l'Hôpital Notre-
Dame.

Deux sujets seront portés à l'étude. L'un d'eux sera la bibliothérapie. Vous vous
demandez peut-être en quoi consiste ce sujet ? Vous le saurez si vous venez le 7
novembre. Je peux vous dire que ce mot signifie beaucoup plus que vous ne l'imaginez.
Cette conférence s'adresse à tous ceux qui sont soucieux de trouver, pour leur
clientèle, le livre ou la documentation correspondant à une problématique spécifique.
Vous y apprendrez des choses que vous ne soupçonniez même pas . . .

Le deuxième thème, fort différent, vous fera voir le "fameux" sujet dont on parle
beaucoup à l'heure actuelle, le "end-user". Comment l'utilisateur de votre
bibliothèque peut-il faire lui-même une recherche automatisée ? Comment cela peut-il
être possible ? Quel est le rôle de spécialiste en documentation face au "end-user" ?

Je vous conseille donc de réserver tout de suite votre journée du vendredi 7 novembre
1986. De plus amples détails vous seront fournis lors d'un envoi postal spécial. Si
vous avez des questions, n'hésitez pas à appeler l'une des personnes suivantes:
Johanne Hopper (514) 343-7490, Robert Aubin (514) 323-7260, Louise Deschamps (514)
876-6862.

* * * * *

Introductory Workshop on Library Collections and Services in the Health Sciences
Sponsors: Toronto Health Libraries Association (THLA) and the Faculty of Library and
Information Science (FLIS), University of Toronto
Location: Queen Elizabeth Hospital, Toronto
15 November 1986

For information contact: Beverly Brown, Canadian Memorial Chiropractic College
Library, 1900 Bayview Avenue, Toronto, Ontario M4G 3E6

Intended primarily to provide FLIS students with an overview of health sciences
librarianship, this workshop will involve a great many Toronto area members of CHLA in
a general introduction to the field.

NEW PUBLICATIONS

Union List of Serials in Montreal Health Libraries / Catalogue Collectif des Périodiques dans les Bibliothèques de Santé de Montréal. 1st ed./Première éd.

The Montreal Health Libraries Association announces the availability of this new union list. Price: \$35.00; all orders must be prepaid.

Order from: Montreal Health Libraries Association
c/o Julia Main
Allan Memorial Institute Library
1025 Pine Avenue West
Montréal, Québec H3A 1A1

* * * * *

The Bickell Introductory Lecture on Blissymbolics

The Blissymbolics Communication Institute announces publication of a new package designed to be one component in a course on augmentative and alternative communication. The package includes lecture notes, 12 slides and 16 overheads. Several "masters" are provided which may be reproduced as handout material. Background reading material accompanies the package.

For further information call (416) 444-6605 or write:

Ann Kennedy
BCI Marketing Manager
Blissymbolics Communication Institute
350 Rumsey Road
Toronto, Ontario M4G 1R8

* * * * *

Proceedings of the 5th World Conference on Smoking and Health, 1983, volumes I and II.

The Canadian Council on Smoking and Health / Conseil Canadien sur le Tabagisme et la Santé (CCSH/CCTS) announces the availability of this new publication. Copies are available at a price of \$25.00 (Canadian) per volume from:

Canadian Council on Smoking and Health / Conseil
Canadien sur le Tabagisme et la Santé,
725 Churchill Avenue,
Ottawa, Ontario K1Z 5G7

For information contact: O.D. Lewis, Executive Director, CCSH/CCTS at (613) 722-3419.

NEW PUBLICATIONS

Adolescent Pregnancy in Ontario - Progress in Prevention, (Report #2) by Maureen Jessop Orton and Ellen Rosenblatt. [Hamilton, Ontario], Planned Parenthood Ontario, 1986.

Report #2 of the Planned Parenthood Ontario Adolescent Pregnancy Project based at the McMaster University School of Social Work appeared in the spring of 1986. It contains longitudinal and comparative analyses of trends in adolescent pregnancy in Ontario from 1975 to 1983, discussions of policy development in government ministries, community development of preventive programmes in sexuality education and a theoretical framework for prevention.

An earlier report (1981) by the same authors and from the same project, entitled: Adolescent Birth Planning Needs - Ontario in the Eighties is also still available.

Prices: Report #2 -- \$25.00
Reports #1 and #2 -- \$31.00

Please make cheques payable to: Planned Parenthood Ontario.

Order from: Planned Parenthood Adolescent Pregnancy Project
c/o School of Social Work
McMaster University
Hamilton, Ontario L8S 4M2

* * * * *

Health Sciences Information in Canada: Libraries, 3rd edition, NRCC no. 25677. Ottawa, Canada Institute for Scientific and Technical Information, 1986. Price: \$20.00

CISTI has just announced publication of the third edition of this important directory. Over 500 Canadian libraries with collections in the health sciences appear. Entries include name, address, telephone number, contact people, services offered to external users, collection size, subject specialties and much other information of possible interest to potential users.

All orders must be prepaid, or paid through an NRCC deposit account. Please make cheques payable to the Receiver General of Canada, credit National Research Council, and send, with request for purchase quoting publication name and number, to:

Publications Section
Canada Institute for Scientific and Technical Information
National Research Council Canada
Ottawa, Ontario K1A 0S2

Telephone: (613) 993-3736
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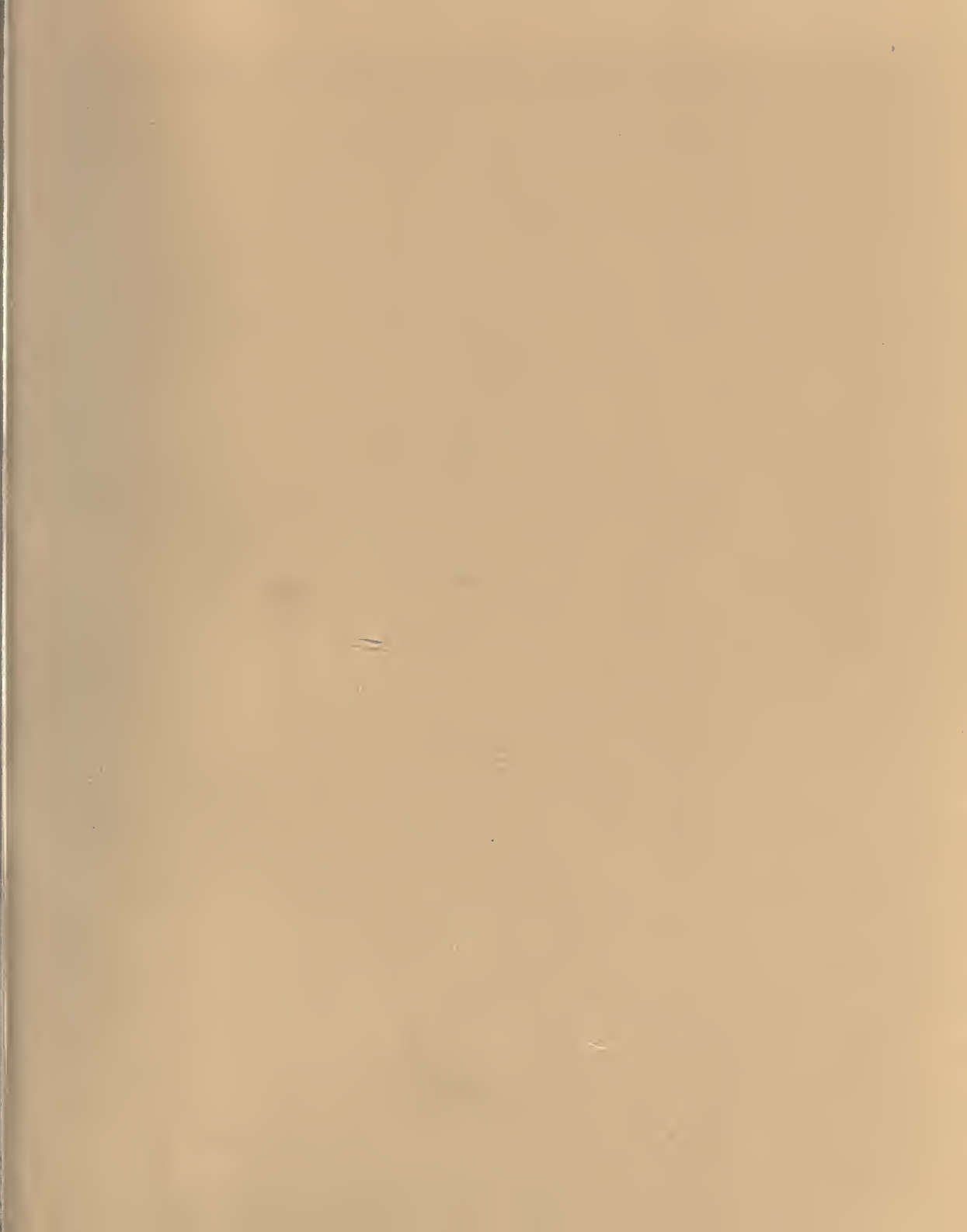
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BIBLIOTHECA MEDICA CANADIANA

VOLUME 8 NUMBER 3 1987 ISSN 0707 - 3674

INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

The *Bibliotheca Medica Canadiana* is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library. Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome, preferably in both languages.

La *Bibliotheca Medica Canadiana* a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires travaillant dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées. Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus, de préférence dans les deux langues.

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Association des bibliothèques des
sciences de la santé du Canada
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Ottawa (Ontario) K1A 5R1

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Deadlines for submission of articles
to the next two issues are as follows:

volume 8, number 4	13 March 1987
volume 9, number 1	12 June 1987

La date limite de soumission des
articles pour chacun des deux
prochains numéros est la suivante:

volume 8, numéro 4	13 mars 1987
volume 9, numéro 1	12 juin 1987

Indexed In / Indexé Par :

Library and Information Science Abstracts (LISA)
Cumulative Index to Nursing and Allied Health Literature (CINAHL)

MANUSCRIPTS

The editors of *Bibliotheca Medica Canadiana* welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada and to specific theme issues as they occur.

Contributions should be submitted in duplicate and the author should retain one copy. Contributions should be typed double-spaced and should not exceed six pages or 2100 words. Pages should be numbered consecutively in arabic numerals in the top right-hand corner.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

Articles may be submitted in French or in English but will not be translated by the editors or their associates.

Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the *Oxford English Dictionary*; exceptions shall be at the discretion of the editors.

Contributors who wish to submit their work in machine-readable format should contact the editors in advance to ensure that compatible equipment is available in the editorial offices.

REFERENCES

Contributors are responsible for the accuracy of their references.

Personal communications are not acceptable as references.

References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

All references should be given in the Vancouver style; see *Canadian Medical Association Journal* 1985; 132: 401-5.

ILLUSTRATIONS

Any illustrations or tables submitted should be black and white copy camera-ready for print.

Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text.

Illustrations and tables should include appropriate titles.

MANUSCRITS

Les rédacteurs de la *Bibliotheca Medica Canadiana* sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Les articles devraient être remis en deux exemplaires et l'auteur devrait en garder une copie. Les articles devraient être dactylographiés en double espace et ne devraient pas dépasser six pages ou 2100 mots. Prière de numéroter les pages consécutivement en chiffres arabes en haut de la page à droite.

Tout article devrait s'accompagner d'une lettre de couverture fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ou par les associés de la rédaction.

Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'orthographe se conformera à celle du *Robert*; les exceptions à cette règle seront à la discrétion de la rédaction.

Les auteurs qui désirent remettre leurs manuscrits sous forme électronique devraient communiquer à l'avance avec la rédaction afin de s'assurer que l'équipement compatible est disponible aux bureaux de la rédaction.

REFERENCES

Les auteurs sont responsables de l'exactitude de leurs références.

Les communications de nature personnelle ne sont pas acceptables comme références.

Il ne faut citer une référence à un ouvrage inédit que si ce dernier est disponible à une adresse indiquée par l'auteur.

Toute référence devrait être citée selon le style dit de Vancouver; voir le *Journal de l'Association médicale canadienne* 1985; 132: 401-5.

ILLUSTRATIONS

Les illustrations et les tableaux doivent être en noir et blanc, et prêts à l'impression.

Les illustrations et les tableaux doivent être clairement identifiés en chiffres arabes et avoir des renvois clairs dans le corps du texte.

Les illustrations et tableaux doivent comporter des titres pertinents.

Bibliotheca Medica Canadiana News and Notes

The editors of *Bibliotheca Medica Canadiana* welcome news items from members of the Canadian Health Libraries Association, or any news that may be of interest to members. You are welcome to copy this form in any way for submission; news items too lengthy to fit on this form may be sent to the address shown below.

The copy deadline for volume 8, number 4 is : 13 March 1987

APPOINTMENTS ?	Who	_____
HONOURS ?	What	_____
AWARDS ?	When	_____
	Where	_____
PROMOTIONS ?	Who	_____
MOVES ?	From what	_____
RESIGNATIONS ?	To what	_____
	When	_____
SEMINARS ?	What	_____
WORKSHOPS ?	When	_____
	Where	_____
PUBLICATIONS ?	What	_____
BOOK REVIEWS ?	Where	_____
	Bibliographic citation	_____

ACQUISITIONS ?	What	_____
GIFTS ?	Why	_____
GRANTS ?	Amount	_____
	Donor	_____
TRIPS ?	Who	_____
LECTURES ?	Where	_____
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PLEASE FEEL FREE TO ADD MORE DETAILS. WHEN YOU RUN OUT OF SPACE,
JUST ADD ANOTHER SHEET.

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BIBLIOTHECA MEDICA CANADIANA



The Bibliotheca Medica Canadiana is published 4 times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of contributors and the editor and not the CHLA.

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It is not an easy task to edit a journal in two languages if you are proficient in only one of them. The current editors are not, of course, the first to face this difficulty, but consider the dimensions of the problem: how does one recognize misspellings, awkward syntax and turgid phraseology if one has little or no facility with the language? Imagine the difficulties involved in offering one's readers assurances of clarity and straightforward presentation of subjects in a language you don't speak, and read only occasionally. There are, naturally enough, solutions which can be bought. Translators abound in this country, and if you can pay the price, you can be assured of correct rendering of expression from one language to another, but that solution has not ever been within our means. Considerations of this nature led the editors, some time ago, to ask the Board to consider a change in policy which would permit publication of *Bibliotheca Medica Canadiana* in English only.

When raised at the November Board meetings in Hamilton (about which this issue has much more to report elsewhere), the question was settled in relatively short order. There will be no change in the policy of publishing material in both of Canada's official languages in *Bibliotheca Medica Canadiana*. As our association is a national one, we must maintain a willingness to address the membership in our official publication in either of our nationally recognized mother tongues. If the quality of expression in one of them, it was felt, is not entirely under the control of the editors, at least the opportunity for the membership to address their colleagues in the language of their choice has not been precluded by editorial policy. Maintenance of our two-language publishing policy was acknowledged by the Board to be more important than enabling the Editors to feel confident that the material they are publishing is well-expressed.

That is a decision which we accept gladly because of the clarity of its placement of values. We will continue to strive to deal with publication in two languages. We ask that readers who perceive our inadequacies in French be indulgent. Our *Information for Contributors/Avertissement aux Auteurs* section has been newly translated following the Board's decision and appears, for the first time fully in both languages, in this issue. We welcome papers in both languages, although we will not translate any, and will do our best to see that the quality of expression in each is as good as it is within our power to make it.

* * * * *

Much of this issue is devoted to reporting on the November meeting of the CHLA/ABSC Board to which we alluded above. The President's report, the item on funding assistance for chapters, the report on strategic planning and the news item on the establishment of the task force on hospital library standards all arise from that meeting.

Several new features appear, also, in this issue: the continuing education page and the newsgathering form. We want to encourage readership participation in the production of *Bibliotheca Medica Canadiana* and hope that the introduction of these

features will assist us in achieving this goal. It is intended that the continuing education page will have a new author each time; it will provide an opportunity for people to share their expertise with each other without having to go to the length of writing a formal paper to do so. The newsgathering form is an invitation to our readers to let us know what is going on in every corner of the country where members of the association live and work. Our correspondents provide valuable coverage from several regions of the country already, but even within these areas it is not possible for them to know everything that might be of interest to readers of this journal and we hope, by opening up the responsibility of reporting news to the whole of our readership, to achieve better coverage of the health libraries scene in Canada.

The paper by Dr. Margaret Somerville beginning on page 126 of this issue was initially presented at our June 1986 conference in Montréal. Dr. Somerville was the keynote speaker at that conference and she gave a presentation which sparked a great deal of interest and much discussion. We asked that she prepare her address for publication and are very pleased to be able to include it in this issue.

Several of the other papers appearing in this issue deal with the theme announced on page 100 of v.8(2): *Technical Services in Health Sciences Libraries*. The announcement of themes has not provoked any flood of contributions from readers and will therefore be discontinued. It appears to have been as inhibiting as it has been helpful. Various issues will continue to be theme based, but on the theory that announcement of a theme in advance may have precluded someone from sending us a paper on another issue since which would be inappropriate to the announced theme, we will simply ask that potential authors send us anything and everything they think we might publish. Long or short, formal or informal, papers which will not do as full-fledged "original papers" may well be useful in the *News and Notes* section. Please note the deadline for the next issue and resolve, as you read this, to sit down before that time and write something for the next issue.

Once again, the editors offer their sincere thanks for proofreading and red-pencilling (in two languages!) to Liz Bayley. Her contribution of time and moral support is very much appreciated by the editors; her dedication to *the right word / le mot juste* is something from which all our readers benefit also.

Tom Flemming
Editor

Lynn Dunikowski
Assistant Editor

A WORD FROM THE PRESIDENT

Dorothy Fitzgerald

Director, Health Sciences Library
McMaster University
Hamilton, Ontario

The Board of Directors of CHLA/ABSC met at the McMaster University Health Sciences Centre in Hamilton from 28 to 30 November 1986. Most of the Board members arrived a day early in order to tour the Health Sciences Library and meet with Hamilton colleagues.

The three-day Board meeting was longer than usual as it had been decided to combine the usual Fall and Winter meetings as a cost-saving measure for the association. Conference calls will be used, when required, over the winter months to deal with association business.

Thanks to the efforts of our Board members a great deal of action was taken at this meeting, and various references will be made to these actions in this issue of *Bibliotheca Medica Canadiana*.

The strategic planning process of the association is now well underway. This Board meeting was the forum for discussing the three major position papers. Bill Maes, our Treasurer, and I presented a position paper and plan of action on financial/business concerns; Ann Barrett, our Education Coordinator, presented an extremely thorough proposal regarding continuing education; and Hanna Waluzyniec, our Membership Chair, prepared a very useful discussion paper on public relations. These major topics were selected as the primary areas on which to focus as a result of Board discussions and very helpful feedback and suggestions from the chapters. A brief summary of the strategic planning process to date appears elsewhere in this issue and more detailed reports will be sent to the chapters early in 1987.

Babs Flower, the Project Officer for the Survey of Medical School and Teaching Hospital Libraries in Canada, attended the Board meeting on Saturday afternoon. This was the first opportunity for the Board to meet with Babs and the discussion period proved useful both for the Board and for Babs. It was agreed that it would be very important to have Babs present her preliminary findings at the CHLA /ABSC Conference in Vancouver this coming May.

Nancy Forbes, the 1987 Vancouver Conference Chair, presented a detailed report on the upcoming conference. The preliminary program accompanies this issue of *Bibliotheca Medica Canadiana* and lets us know that a trip to Vancouver in May will be very worthwhile.

The terms of reference for the \$500.00 Grant to Chapters were approved and are reported elsewhere in this issue. In response to a motion at the last Annual General Meeting the Board also took a decision to introduce a reduced membership fee for retired members.

A decision was taken to establish a Task Force on Hospital Library Standards and Jan Greenwood, our President-Elect, will report on this activity elsewhere in this issue.

A number of other matters were discussed and resolved. Reports of many of these will be covered in this issue. I hope you will agree that the Board is moving forward on a number of important association fronts. I would like to thank all members of the Board for their valuable contributions.

* * * * *

QUELQUES MOTS DE LA PRESIDENTE

XX

Dorothy Fitzgerald

Directrice, Bibliothèque des sciences de la santé
McMaster University
Hamilton (Ontario)

Le conseil d'administration d'ABSC/CHLA s'est réuni à Hamilton du 28 au 30 novembre 1986, au Centre des sciences de la santé de McMaster University. La plupart des membres du conseil sont arrivés un jour à l'avance pour visiter la Bibliothèque des sciences de la santé et pour rencontrer leurs collègues d'Hamilton.

La réunion a duré plus longtemps que d'habitude (trois jours) parce qu'il avait été décidé, pour des raisons d'économie, de combiner les réunions d'automne et d'hiver. Nous aurons donc recours aux conférences téléphoniques pendant les mois d'hiver pour traiter, le cas échéant, des affaires de notre association.

Grâce aux efforts de notre conseil d'administration, la réunion a été très active comme le rapportent ces pages.

Le processus de planification stratégique de l'association est bien lancé. Cette réunion a permis de discuter de trois mémoires importants. Bill Maes, notre trésorier, et moi-même avons présenté un mémoire et un plan d'action relatifs aux affaires financières et à la gestion; Ann Barrett, notre coordonnatrice à l'éducation, a soumis une proposition très fouillée sur l'éducation permanente; et Hanna Waluzyniec, notre responsable des adhésions, a rédigé un document de travail très utile sur les relations publiques. Ces grands thèmes ont été retenus comme les premiers sujets à étudier à la suite des débats au sein du conseil et des réactions et suggestions très utiles que nous ont communiquées les sections régionales. Un bref

résumé de l'état actuel du processus de planification stratégique paraît dans ce numéro et des rapports plus détaillés seront transmis aux sections dans les premiers mois de 1987.

Babs Flower, responsable du projet d'enquête sur les bibliothèques des facultés de médecine et des hôpitaux affiliés aux facultés de médecine au Canada, a assisté samedi après-midi à la réunion du conseil. C'était la première rencontre entre le conseil et Babs, et la discussion s'est avérée très enrichissante tant pour le conseil que pour Babs. Il a été convenu qu'il serait très important que Babs présente les résultats préliminaires de son travail à la Conférence de l'ABSC/CHLA au mois de mai prochain, à Vancouver.

Nancy Forbes, responsable de la planification de la conférence de 1987 à Vancouver, a soumis un rapport détaillé sur les travaux préparatoires. Le programme provisoire, qui est inséré dans le présent numéro de la *Bibliotheca Medica Canadiana*, laisse à penser que cet événement méritera certainement le déplacement.

Les conditions d'obtention de la subvention de 500 \$ aux sections régionales ont été approuvées; on en rend compte dans le présent numéro. A la suite d'une proposition à la dernière assemblée générale annuelle, le conseil a également décidé d'introduire une cotisation réduite pour les membres à la retraite.

Il a été décidé de créer un Groupe de travail sur la normalisation des bibliothèques hospitalières, et Jan Greenwood, notre future présidente, rendra également compte plus loin de cette activité.

D'autres questions ont été discutées et réglées. Plusieurs sont traitées dans ces pages. A n'en pas douter, le conseil a bien fait avancer les choses dans plusieurs domaines très importants pour l'association, et je profite de cette occasion pour remercier tous les membres du conseil de leur précieux concours.

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FROM THE BOARD

FUNDING ASSISTANCE FOR CHAPTERS

The following are the conditions for the awarding of the *CHLA/ABSC 10th Anniversary Commemorative Award*:

CHLA / ABSC 10th ANNIVERSARY COMMEMORATIVE AWARD *****

Amount:

\$500.00, awarded annually

Name of the Award:

The Award shall henceforth be known and referred to as *The CHLA/ABSC 10th Anniversary Commemorative Award*.

Establishment of the Award:

The CHLA/ABSC 10th Anniversary Commemorative Award was established by the incumbent Board at the 10th Annual General Meeting, 12 June 1986, to commemorate 10 years of professional association.

Intended Recipients:

The Award recognizes that one of the most tangible means whereby the mission of CHLA/ABSC is accomplished is through the activities of its Chapters. The Award, therefore, is available to Chapters in order to further the mission of CHLA/ABSC.

Application for an Award:

1. All Chapters in good standing are eligible to apply.
2. The President of the Chapter must submit, no later than a month before the Annual General Meeting, a detailed written summary of the special activity on which judgement is to be based. The submission must be co-signed by any other member of the Chapter executive. This submission is distinct from any annual report submitted to the Board.
3. The activity which forms the basis upon which a Chapter applies for an Award may take place in a given year or be represented by the efforts of several years.
4. All applications must be submitted to the current President of CHLA/ABSC.

Rules Governing the Award:

1. The recipient will be declared by simple majority vote of the Board. If a Chapter which is under consideration for an award has more than one member on the Board, only one member shall be eligible to cast a vote.
2. The Board's decision will be final.
3. The Board may decide not to give the Award in a given year if submissions are not considered appropriate.
4. The Board's decision will be announced at the Annual General Meeting and be reported in *Bibliotheca Medica Canadiana*.

Criteria for Judging on Merit:

1. Size of Chapter vs. size of accomplishment.
2. Extent to which submission shows furtherance of CHLA/ABSC's mission.
3. Degree to which the activity will have lasting effects at the Chapter or national level.
4. Extent of Chapter membership involvement in the activity.
5. Extent to which the activity shows initiative and innovation in the promotion of CHLA/ABSC's mission.

The Board would also like to remind all members of Chapter executives of the availability of funds under Article V, Sections 5 and 6 respectively, of the *Canadian Health Libraries Association/Association des Bibliothèques de la Santé By-Laws*. These by-laws state:

Chapters may apply to the Board of the Association for development grants to support or assist proposed Chapter activities of merit. The Board may make grants to Chapters at its discretion.

Chapters may request that the Association provide programme loans to facilitate the organization of workshops, publications or other continuing education activities. The Association will consider each application on its merit.

The Board wishes to encourage all Chapters to take advantage of the opportunities provided through these by-laws and the newly established *CHLA/ABSC 10th Anniversary Commemorative Award*. Application forms for funding under Article V of the By-laws should be requested from the President.

THE STRATEGIC PLANNING PROCESS OF CHLA/ABSC

Dorothy Fitzgerald

Director, Health Sciences Library
McMaster University
Hamilton, Ontario

The strategic planning process for CHLA/ABSC was initiated by Diana Kent during her 1985-86 tenure as President. In October 1985, Diana wrote to all Chapter Presidents requesting input regarding the broad issue of long range planning for the association. During the fall of 1985 and the spring of 1986, chapters submitted extremely helpful reports on the strengths and weaknesses of the association and recommendations regarding our future directions. At the February 1986 Board meeting in Vancouver, there was formal approval to proceed with the strategic planning process and a subcommittee of three Board members (Diana Kent, Bill Maes and Dorothy Fitzgerald) was established to begin the process.

The subcommittee adopted a strategic planning model which recommends four basic steps: establish a mission statement; assess your strengths and weaknesses; decide where you want to go; and decide how to get there. At the Board meeting held in Montreal on 18 June 1986, the following was accepted as a working definition of the CHLA mission statement:

"The mission of the Canadian Health Libraries Association is to improve health and health care by promoting excellence in access to information."

Based on the valuable input from the chapters, the subcommittee of three also reviewed the strengths and weaknesses of the association for the entire Board and recommended that priorities be set for further action in the planning process. At this point, the Strategic Planning Subcommittee was expanded to include all Board members and the November 1986 Board meeting was identified as the forum for detailed discussion of position papers on concerns of highest priority.

The position paper on association finances and the business aspects of running CHLA/ABSC was prepared by Bill Maes and Dorothy Fitzgerald. The recent increase in membership dues and the success of the Montreal conference allowed the discussion to focus on action which can now be taken to resolve some of our problems. Every consideration was given to establishing the association on a footing which will allow all members to give serious thought to running for a Board position. While each member is strongly encouraged to put her/his name forward for association positions, it is often academic centre librarians who take on these positions as they can -- more frequently it seems -- absorb the extra time and costs involved in association work. Most of our members are hospital librarians, however, and in this regard we are very fortunate to have Jan Greenwood as our President Elect. As the Ontario Medical Association Librarian, Jan's primary day-to-day concerns are those of hospital librarians throughout the province.

It was recognized that to encourage hospital librarians to become involved at the national level, a permanent CHLA/ABSC Secretariat would be necessary. To this end,

the Board approved the contracting out of selected association business tasks for a one year period, subject to review on a regular basis. The work to be contracted out will include such tasks as maintenance of the association membership records and upgrading the CHLA/ABSC Directory.

The Board also discussed the costs involved in taking on the position of Editor of *Bibliotheca Medica Canadiana*. Once again, these very considerable costs have often been absorbed by the institution of the Editor, thereby limiting the number of members who can, realistically, consider taking on this position. The Board approved the allocation of funds to the Editor for the production costs involved in editing our journal. This money might cover secretarial costs, telephone and electronic messaging costs, and any other similar costs.

Hanna Waluzyniec, Membership Chair of the association, prepared a background paper on marketing and public relations. It was emphasized that CHLA should first establish a target market (both in terms of membership recruitment and publicity for the association) and should then choose an initial marketing project which would have a high impact on the organization for a relatively small cost, in a reasonably short period of time. Various initial marketing projects were considered, including the development of an exhibit for the 1987 conference of the Canadian Hospital Association. The Board approved follow up action on this initiative.

Ann Barrett, our Continuing Education Coordinator, presented a strategic plan for CHLA/ABSC Continuing Education. Based on our recent CE Needs Assessment Survey, Ann noted that preferred topics are: new technology, online searching, and automated systems. Major deterrents to our members are distance, lack of time and cost. Our major environmental influences regarding CE were identified as technological change, relationships with other health associations/organizations, and geographic considerations. This detailed strategic plan draws attention to a number of key issues and identifies a number of possible solutions. Issues raised and discussed include: the limitations of assigning the implementation of this task to a single coordinator, the importance of ongoing membership needs surveys, the development and distribution of Canadian CE materials, the need for a roster of Canadian CE courses and presenters, a regular CE column in *Bibliotheca Medica Canadiana*, financial support to the chapters from the national association, and communication with other health care associations regarding the importance of continuing education for health library workers. The Board approved follow up action on many of the recommendations made in the document.

While action is now being taken on many fronts as a result of these strategic planning documents and Board discussions, clearly a great deal more work is ahead of us. We will now be forwarding more detailed summaries of the position papers to the chapters and asking for feedback on progress to date and recommendations regarding the next stage in the strategic planning process.

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CONTINUING EDUCATION

GREAT BEGINNINGS . . .

Ann Barrett

Interlibrary Loans Librarian
W.K. Kellogg Health Sciences Library
Dalhousie University
Halifax, Nova Scotia

Welcome, to the first Continuing Education page to be published in *Bibliotheca Medica Canadiana*. The goal of this page is to provide practical, timely and succinct information on topics of interest to many of our readers. Also, by providing a contact address for each contributor, readers will be able to pursue a topic in greater depth with a colleague who has first-hand information.

In the recent *Needs Assessment Survey* (*Bibliotheca Medica Canadiana* 1986; 8(2): 54-61), a regular CE column was listed as second on the list of desired continuing education initiatives. Having noted that, it must be said that although a column is easy enough to start, it will only be as successful as the membership make it; you must contribute your experience, knowledge, imagination and time !

This, then, is an open invitation to contributors. Please be generous with your expertise! If you have a topic that may be of interest to other readers of our journal, write about it! Your ideas and knowledge may help someone improve service, save time, save money, and the like. On the other hand, you may want to know about a topic and wish someone would write about it. Drop me a note; we'll round up a contributor.

Chapter Presidents will play an important role in identifying both contributors and future ideas for this page. I'll be in touch with each President in the near future and will keep up regular communication to get as much feedback as possible.

The position of Continuing Education Coordinator is very new in our association and is still developing. I encourage all members to review the Terms of Reference of the position (see next page) and to make your needs known by sending in the survey accompanying this issue.

I'm looking forward to your comments, ideas and support. See you in the next issue! Meanwhile, you can contact me at the following address:

Ann Barrett, CHLA CE Coordinator
W.K. Kellogg Health Sciences Library
Dalhousie University
Halifax, Nova Scotia B3H 4H7

Telephone: (902) 424-2469

Envoy 100: ILL.KELLOGG

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TERMS OF REFERENCE: CONTINUING EDUCATION COORDINATOR

The Continuing Education Coordinator shall be concerned with all matters relating to education for health librarians, and library and information personnel who hold membership in CHLA.

The Coordinator shall be appointed for a 2 year term; will be responsible to the Board of Directors of CHLA; must report in writing at each board meeting; and must report annually in writing.

The CE Coordinator shall:

- Coordinate and recruit contributors for the CE Column in **Bibliotheca Medica Canadiana**
- Be available to assist and advise the local Conference Continuing Education Committee on budget, course content, certification and any other area of education for annual conferences
- Identify and initiate topics, developers, supervisors, and presenters for Canadian continuing education programs, and identify the best format for these programs.
- Maintain channels of communication with the education section of MLA and solicit certification of any programs presented by or for CHLA
- Identify education needs and concerns of the membership via annual polls of chapters
- Maintain a roster of persons interested in developing or presenting continuing education programs
- Maintain course materials and evaluations of all CHLA/ABSC courses and workshops
- Encourage the development of Canadian health education materials such as syllabi, manuals etc.
- Promote the education needs of the membership to other health care associations and organizations

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William R. Maes

Head of Public Services
Medical Library
University of Calgary
Calgary, Alberta

Infohealth is described by its creators, the Canadian Hospital Association (CHA), as "a comprehensive Canadian health care communications and information network". This represents an ideal -- what *Infohealth* would like, some day, to become. It is, unfortunately, not the actuality.

It is important to understand at the outset that *Infohealth* was created, and is being marketed, not as a library tool, but as a tool for health care executives and professionals (understand here physicians, perhaps some nurses, not librarians). As such, it seeks to provide services which, first of all, benefit and appeal to these groups directly. *Infohealth* appears at the moment to be only marginally interested in health libraries, insofar as this might help it to gain access to its primary market.

The Canadian Health Libraries Association (CHLA) has never really been opposed to what CHA is attempting to create through *Infohealth*. If it creates Canadian health databases, *Infohealth* will indeed be a valuable added service to the health care community. CHLA's objection was actually that *Infohealth* might be given exclusive responsibility for providing MEDLARS (Medical Literature Analysis and Retrieval System) services in Canada (now provided through CISTI), while its own viability remained unproven, and its commitment to the cause of health libraries was somewhat less than exemplary. Since CISTI has decided not to turn over to CHA and *Infohealth* the distribution of MEDLARS services in Canada, however, it should now be possible to consider the service, impartially, on its own merits.

SERVICES

At present, *Infohealth* offers electronic messaging, bulletin boards intended to fill the needs of health executives and professionals, and access to a large number of databases (approximately eighty) including Medline, through the facilities of the BRS Colleague system. Access to *Infoglobe's Health News*, *Marketfax*, a stock market quotations service, and *Official Airline Guides*, a worldwide flight and hotel reservation database, is also available.

Since *Infohealth* is a subset of the TransCanada Telephone System iNet gateway service, many of the features and databases are not exclusive to *Infohealth*. It has the potential, however, to provide exclusive features if it can afford to create Canadian health databases, and if it can obtain enough subscribers to make such features as executive and professional bulletin boards viable and valuable.

As an example, if enough health libraries or their institutions subscribed, CHLA could, conceivably, use the service to establish a bulletin board on *Infohealth* to

serve the needs of the health libraries community. Through electronic messaging, CHLA and CHLA chapters could keep in touch with their members and announce meetings, election results, and the like. The **CHLA Directory** might be mounted online and kept up-to-date on a weekly, or even daily, basis. A job board could be created where health information positions could be sought and advertised. The possibilities are almost endless.

Nevertheless, the problem remains -- unless *Infohealth* can obtain more subscribers, it cannot afford to develop its own databases and services which would make it unique and valuable to the health care community; and, unless *Infohealth* develops such services, its creators cannot expect to obtain more subscribers.

COSTS

Except for the initial sign-up fee of \$250.00, and the somewhat higher than standard monthly fee of \$12.00 for the initial password (additional passwords are available for \$5.00 per month), the services provided by and through *Infohealth* are no more expensive than if one were to obtain these services directly from the producers. Medline on BRS Colleague, for example, costs approximately the same, whether one obtains a subscription through *Infohealth*, or enters into a separate contract with BRS.

It is true that Medline can be searched more cheaply if a contract is obtained through CISTI. As offered through CISTI, however, Medline is a command driven system, which can be considerably more difficult to use, and almost impossible for the casual searcher to use well -- i.e., the executive and health professionals at whom the *Infohealth* service is currently aimed.

The costs of the messaging service on *Infohealth* (and iNet) are time based, while the cost of the same service provided through ENVOY 100 is based on the number of characters sent and stored. In the latter instance, whether it takes two seconds or two hours to type a message, the cost will not vary. In the former, the cost of the same message could relate directly to the typing speed and skill of the sender. Sending longer reports or letters could be much less expensive on *Infohealth* (or iNet), however, since it is possible to compose the message offline and upload it into the messaging service. It is possible to upload and send a 10,000 word report relatively inexpensively in a matter of minutes on a time based system, while on ENVOY 100, one would be charged for each character sent, regardless of the time spent online -- a much more expensive proposition.

Cost considerations, then, do not provide a simple and straightforward means of making a decision about whether or not to recommend subscription to *Infohealth*.

FURTHER CONSIDERATIONS

Possible Advantages:

1. If a hospital or health care executive should choose to subscribe to *Infohealth*, for whatever reasons without regard to the librarian's concerns, an opportunity might, nonetheless, be provided for the library to

use some of the services and databases to which it would, otherwise, not have access.

2. Hospitals and health care executives in rural areas which do not have direct access to a Datapac telecommunications node are, presently, faced with paying expensive voice communications charges to send electronic messages and to use electronic database services. Both iNet and *Infohealth* provide 1-800 number service which allows communications at the data rate--approximately 1/3 the cost of the voice rate.
3. *Infohealth* does offer some exclusive services. Unfortunately, at the moment, none of these is aimed at libraries.
4. *Infohealth* offers unified billing, regardless of the different databases and services used. This could save accounting headaches.
5. Because it is menu driven, the system is relatively easy to use.

Possible Disadvantages:

1. *Infohealth* customer support still appears to be very weak. In Alberta and British Columbia, and probably in other provinces, the system is marketed through the local telephone network. Hence, service depends on the telephone system. CHA direct support still needs substantial improvement.
2. It is not clear at this time whether *Infohealth* will be able to survive beyond a few years if it does not obtain more subscribers.
3. *Infohealth's* advertising oversimplifies the complexities of electronic messaging and database searching.
4. The value of the system rests, to a great extent, in its potential: in its ability, eventually, to provide Canadian health databases, more health information services, and in linking a substantially increased number of subscribers.

To subscribe to *Infohealth* (or to recommend that your institution subscribe) is a decision which must be made within the context of the institution itself, considering its own very special needs. The fact that the health library staff in the academic health centre searches Medline directly (through its contract with CISTI) because it is cheaper, and possibly, more efficient, does not mean that this choice is also the best for the rural hospital library staff who are actually casual users. In reaching a decision, you must consider your needs, those of your institution, and the alternatives to subscribing to any electronic services at all.

Hopefully, *Infohealth* can succeed in its mission -- the creation of a comprehensive Canadian health care communications and information network -- for the success will be of great benefit to us all.

THE MCGILL UNIVERSITY / CHINA MEDICAL UNIVERSITY LIBRARY COOPERATION PROJECT :
A PRELIMINARY REPORT

David S. Crawford

Assistant Life Sciences Area Librarian
McGill University Medical Library
Montréal, Québec

In 1985, a decision was made to form links between the McGill University Medical Library and the Library of the China Medical University, in Shenyang, People's Republic of China. It was assumed that these arrangements would lead to cooperation in interlibrary loans, acquisitions, and in answering reference questions. The first (unexpected) result was that the author was invited to Shenyang in March and April 1986 to advise the Library of the China Medical University on improving their collections and services. The China Medical University agreed to pay expenses in China and travel grants were obtained from the Gouvernement de Québec and McGill International.

SITE REPORT

The China Medical University was founded in 1931 in Jiangxi and accompanied Mao Zedong on the "Long March". By 1945, it had moved to north eastern China, and in 1948 was amalgamated with two existing medical colleges in Shenyang: the Moukden Medical College (founded by the Scottish, Irish and Danish Protestant missions in Manchuria and opened in March 1912) and the South Manchuria Medical College (founded by the South Manchurian Railway Company, connected to Kyoto University and opened in 1911-1912).

The China Medical University is one of the 13 Chinese medical colleges funded directly by the Ministry of Health in Beijing. There are 126 medical schools in China; the others are funded by provincial and municipal governments and the army. The China Medical University offers a 5 year programme and has a total enrollment of about 2,200. The university is divided into 6 faculties: Medicine, Pediatrics, Nursing, Dentistry, Forensic Medicine and Hygiene. Each faculty has a dean who reports to the vice president of the university. The library is part of the "academic sector" and also reports to the vice president.

As a result of its long history, the advantage of having had three pre-existing collections on which to draw, and careful selection and management over the years, the journal collection at the China Medical University is excellent. The library currently receives over 1,400 serial titles (approximately half of which are in English; a further quarter are in Japanese) and there are 3,558 titles in the serial collection in total. For comparison, the McGill University Medical Library has 2,200 current titles, and 6,500 serial titles in total. The Project Director and the Director of the Library of the China Medical University are intending to examine extensively the overlaps and the coverage of their two collections over the next few months.

The non-Chinese language monograph collection at the China Medical University, though large, is not as current as is the serials collection. The university has

recently, however, received a World Bank loan and intends to use part of it to purchase foreign monographs. During the visit, a list of over 500 English language titles was examined. When purchased, these titles will greatly improve the foreign monograph collection of the library.

Apart from surveying the collection, the author spent a considerable amount of time during the visit in seminars with small groups of library staff. There were approximately 20 such sessions, dealing with almost all aspects of health library organization and management; they usually consisted of a discussion of how common library problems are handled at McGill, and an evaluation of the solution employed which examined the possibility of its usefulness at the China Medical University. Though it was expected that the basic library problems would be similar in the two institutions, it was also expected that the differences in social structure of Canada and China would bring to the fore different problems and solutions in areas such as management of personnel and financial controls. During the seminars, however, it became apparent that the similarities greatly outnumbered the differences, and the Chinese expressed considerable interest in such things as performance evaluation, rewards for exceptional performance, and the initial selection of staff.

The most interesting differences were in the related areas of staff numbers and salaries. Though at McGill, like other North American medical libraries, we would like to hire more library staff with strong subject backgrounds in medicine, the salary structure prevents our being able to attract such people. Only 2 of 7 librarians presently on staff in the McGill Medical Library have backgrounds in the life sciences (though almost all have several years of experience in biomedical libraries). At the library of the China Medical University, there are 18 staff equivalent to professional librarians in North America, and 5 of these also have M.D. degrees. This fortunate situation is the result of there being no salary differential between teaching academics and academic librarians; thus, it is easier to attract and to keep top class subject specialists in the library.

One desirable result of this subject expertise in the medical library, which is quite common in China, is the emphasis given to library and bibliographic instruction. In 1984, the Ministry of Education decreed that all medical universities must offer compulsory courses in medical bibliography and literature research. In addition to this course, the China Medical University hopes to get permission to establish a "major" in medical bibliography in 1986-1987. Graduates from this programme would be expected to work in health sciences libraries.

Another difference between the two libraries is the percentage of the budget each spends on salaries. At McGill, it is about 55%, while at the China Medical University Library, only about 17% of the total budget is spent on salaries. This is the result of comparatively lower salaries in China, generally. The China Medical University has 52 library staff while the McGill Medical Library has a staff of only 23.

In addition to the seminars and discussions, my hosts at the China Medical University arranged a series of visits to laboratories and hospital wards, to other libraries in Shenyang, and to several historic sites in Shenyang and the surrounding country. These arrangements were excellent and greatly added to the value and enjoyment of my visit.

RESULTS OF THE VISIT

The most concrete result of the visit was the signing of an agreement between McGill University and the China Medical University. The agreement deals with such things as interlibrary loan cooperation, mutual assistance in acquisitions and reference and, most importantly, the training of staff from Shenyang at McGill. This programme will require grant funds, but proposals are presently being formulated and will be discussed with the librarian at the China Medical University before being submitted. At present, we are working towards a programme which would bring five staff from the China Medical University Library to the McGill Medical Library for a six month "internship"; the programme would be spread over five years.

A further development is the opening of a dialogue between the vice presidents of McGill and the China Medical University which, we hope, will lead to cooperative projects at the university level and to further exchange of staff and students.

Progress in both of these programmes will be reported in future issues of this journal.

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significantly. Patients want to know, and can understand, more. They are better informed than their forebears about medicine in general, because of the large amount of publicity medicine receives, especially from the media. And patients' expectations have increased, sometimes to unrealistic levels. In this latter respect, much greater care needs to be taken. To disappoint a patient's expectations is to harm him or her and medicine's aim, as always, must be "first do no harm" (*primum non nocere*). Disappointed expectations on the patient's part may also harm the physician. Such patients can become angry and hostile, and angry, hostile patients are usually the ones who sue for medical malpractice.

Unrealistic expectations on the part of patients may be linked with the characterization of medicine as "modern miracle medicine". This, in turn, is linked with a societal phenomenon in which medicine has taken over some of the functions of religion and even replaced it. It may be that with declining numbers of persons believing in an after-life, there is an increased impetus to make this life as "immortal" as possible and medicine is the societal institution which promises the most in this respect.

Other factors which have caused change in medicine include decrease in respect for the professions, in general, and their practitioners. This is clearly due to multiple factors, including: that the professions have been relatively demystified with a higher level of education of the population in general; that access to membership in the professions is, on the whole, open to all levels of society; that the behaviour of some professionals individually, or as groups, has caused a loss of respect; and that the intense specialization undertaken by many professionals can leave them appearing to be, or in fact, largely ignorant outside their narrow area of expertise. If such persons were compared with the broadly educated professionals of the past and each of these were compared with their non-professional contemporaries, modern professionals may well have a more difficult task than their historical counterparts, in gaining respect. Within a related range of considerations, changes in notions of authority, and in concepts of individual rights, can be examined and the changes these have wrought in society and in medicine can be traced.

Challenges to regulation of medicine by the profession (self-regulation) are also a relevant factor in examining the effect of health care law and ethics on medicine and in assessing whether these are impediments or safeguards, because law and ethics are often used as the tools of such challenges. Challenges can be by other professions seeking power. These may be covert challenges, for example, nurses acting as advocates for patients' rights, both because they believe in the cause and because they wish to challenge the power and authority of medicine and its practitioners. Activism by nurses in these regards may also be a challenge to sexism, in that traditionally, medicine was predominantly male staffed and dominated, and nursing, female staffed and largely controlled by medicine and, therefore, male dominated. Challenges to medicine can also be by governments who pay the bill. For example, the recent Ontario "doctors' strike" was a reaction to the Government controlling the income of medical practitioners, and saving money for the community and patients, by prohibiting "extra billing". Dissatisfied patients who take malpractice actions in the courts can also be regarded as challenging medicine and, indeed, they often articulate that they feel that this is what they are doing.

Another challenge to self-regulation by medicine can be mounted through analysis of the basis on which medicine claims to be entitled to use this form of regulation.

This is founded, first, as Katz explains¹, on the concept that medicine consists of a body of esoteric knowledge that cannot be understood by "lay persons", which is a term worth noting. It can be pejorative, and is certainly de-professionalising of non-physicians. Happily, it is now used much less often, which may well reflect a recognition that persons other than physicians, including other professionals, may well have a valid input and perspective unable to be supplied by physicians in "decision-making in a medical context". This form of decision-making should be compared with "medical decision-making". The former has a broad, multidisciplinary fact and value base. The latter is purely medical. Self-regulation by medicine is also argued on the basis that the institution of medicine can be trusted because its fundamental guiding principle is altruism. Neither of these claims are any longer perceived to be necessarily true. But this does not mean that we should immediately act to control medicine from the outside to any greater degree than we do at present. The principle of "the least restrictive, least invasive alternative reasonably available and likely to be effective" is as applicable here as it is in many other issues in health care law and ethics. We must tread carefully in any legislative or legal intervention to regulate medicine, if we are not to risk becoming bulls in china shops.

Like the use of medicine, the use of law can be beneficial and the intention is to confer benefit. But law is not harmless; and law is also an experiment -- a social experiment -- especially in regulating new areas of medicine.

New law is perceived as being needed to regulate medicine when, first, it is thought that there are new developments, which are not contemplated by any existing law, that is, there is a vacuum and there is concern or fear regarding the conduct that might take place in that vacuum. Reproduction technology, for example, the creation of "test tube" babies, is such a development. Second, new law will be seen as needed when present law is perceived as out-of-date or unable to cope with new scientific or medical developments.

It should be kept in mind that usually the issue is not whether law is to be used to govern medicine, but whether to enact special laws to do this. Medicine, like all other activities in our community, is governed by the general law. For example, surgery is *prima facie* a crime because it constitutes intentional infliction of bodily harm, but this becomes justified when it is performed with reasonable skill and care, for an acceptable purpose, and with consent. In deciding whether we need special laws dealing just with medicine, or some particular aspects of it, we should note that in an "open legal system" (which applies in Canada) all conduct which is not prohibited is permitted, consequently, laws are more likely to be seen as necessary to prohibit certain conduct than to permit it.

But law is not only prohibitive, it may also be neutral, enabling, or promotive of certain conduct. Sometimes we may want to make certain conduct mandatory. One area where this is likely to be important in relation to medicine is in providing rights of access to medical care, which will constitute an increasingly contentious, disruptive and difficult issue, creating serious conflicts in our societies. The form that any such rights take will need careful consideration, analysis and nuance.

¹ Katz J. *The silent world of doctor and patient*. Yale, New Haven: Free Press: 1985.

For example, there could be a difference in outcome between prohibiting a physician or hospital from denying medical care and requiring them to provide access. In the former case, it may be possible to avoid breach of a legal obligation by refusing to enter a treatment relationship with the prospective patient. This would not be a defence in the latter case, although impossibility to perform the duty because of totally inadequate provision of resources by the government, might be.

We also need to keep in mind that law operates not only at a conscious level, but also that it has unconscious origins and symbolic functions. The law governing health care is no exception in this regard; in fact, it creates symbolism that has impact well beyond the health care arena. It may even be that the area of health care has very important symbolism carrying functions for our society in general. It carries, for instance, the symbolism of caring, of helping those in need, and of willingness to act to relieve suffering. It also contributes in a major way to establishing the ethical tone of the society in which it applies. This tone, it has been suggested, can best be judged according to how we treat our weakest and most in need members.

I would now like to examine some specific examples of legal or ethical interventions that may be characterized as either impediments or safeguards to achieving excellence in health care, and some areas of health care which have been subject to legal or ethical interventions, to explore whether these were impediments to excellence or necessary safeguards. But first, the concept of excellence, itself, merits some consideration.

WHAT IS EXCELLENCE?

First, we need to recognize that what constitutes excellence in a given respect or situation is a value judgement, which can be based on various possible combinations of subjective and objective assessment. This is obvious, but it is not always kept in mind and it can be important to do so. What may appear to be "excellence in health care" to a provider may be assessed as grossly defective by a patient. Consequently, relevant questions are: who decides what is excellent? on what basis? (that is, according to which criteria?) and by what decision-making process? In short, we need, first, to recognize that what constitutes excellence is not necessarily obvious "on the face of" a given set of circumstances and, second, to define, rather precisely, what we are in search of, when we are in search of excellence. It is suggested that what we should be seeking is to provide the best possible standard of scientific and technological medical treatment delivered in a humane and caring manner. That is, excellence is to offer the best of the "new" and "old" medicine (its science and its art) in a truly integrated form.

It is important to recognize that the type of integration contemplated above does not just occur spontaneously. It is a third order process that must be carried out after the science and art of medicine, the first and second order processes (or second and first order processes, respectively, depending on one's view, which is a matter worth debating because such characterizations are not neutral in effect) have taken place. It is tentatively proposed that much of the lack of excellence in modern health care is due to the failure to undertake this integrative process which leaves

the patient with the impression that he or she has received only the science or the art of medicine (usually the former), but not both. It is interesting to contemplate what role medical libraries and librarians could play in promoting this integrative process; to do so would certainly be a worthy cause.

The mind/body dichotomy has beleaguered medicine since it was introduced to reassure the Church that medicine was not treading on the Church's territory. The Church could remain custodian of the important part of the person -- the immortal soul -- while medicine interested itself only in the mortal body. The residue of this dichotomy may cause us to look for excellence in medicine only with respect to treatment of persons' bodies and not also in regard to their psyches. This is undesirable for reasons which are other than scientific, but, it may also be scientifically unsound. It is increasingly recognized that the mind-body nexus is mediated through neural-hormonal-biological mechanisms, that is, a person's psyche may inhibit or promote physiological processes and vice versa. For instance, the immune system can be inhibited by stress, and avoiding this might be important in the treatment of some persons infected with the AIDS virus. In short, to act in medicine on the basis of a mind/body dichotomy may not allow persons to activate their full range of self-healing mechanisms, or may inhibit these.

There is a trite old saying that "the operation was a success, but unfortunately, the patient died," which often could be modified today to "the technology was perfect, but unfortunately the patient did not feel cared-for and, therefore, was unable to activate his or her own self-healing mechanisms." Such mechanisms represent the true "placebo effect" of medicine and are no less needed today than in the past. The false "placebo effect" is that mediated by deception on the part of health care professionals, the use of which, fortunately, is being recognized more and more, as unfortunate.

INFORMED CONSENT

This leads to the doctrine of "informed consent", the legal and ethical requirement that patients be given all material information (which includes consequences and risks of proposed medical treatment and its alternatives, including the option of forgoing all treatment) and that the patient freely consents to the course of action undertaken.

It may seem paradoxical, but it could be that healing is achieved, and iatrogenic illness is avoided, through the requirement of the doctrine of informed consent that the physician share with the patient information on uncertainty with respect to treatment and the patient's situation. These outcomes can result because exchange of such information prevents deception, or makes it unnecessary, and this promotes "earned" trust which requires true intimacy, as opposed to "blind trust", which is founded on paternalism and may involve deception or non-disclosure². Thus, disclosure of uncertainty promotes the so-called "therapeutic alliance" between physician and patient which should augment the true placebo effect, that of self-

2 See Katz, *supra*.

healing. The issue of uncertainty is central to one of the paradoxes of modern medicine: the more we know, the more we know that we do not know; that is, the only thing of which we are certain, in some circumstances, is that we are uncertain.

Some physicians, and initially most of them, saw the legal and ethical requirement to obtain informed consent as an impediment to excellence in health care. But this may no longer be the case. Research on informed consent in the clinical setting has shown some surprising results, which have helped to change physicians' beliefs in this regard. For instance, a health care professional may not be able to avoid communicating uncertainty, simply by avoiding speaking of it. Uncertainty, and even more so deceit, can be communicated non-verbally and, therefore, it is better dealt with directly. Physicians are more comfortable with adopting a "wait and see" approach if they disclose uncertainty to the patient, and this can reduce the cost of medicine and the rate of iatrogenic illness.

Disclosure of uncertainty reduces unrealistic expectations and hence, disappointed expectations, which can give rise to the rupture of the physician-patient relationship. This can result in hostility on the patient's part, because the patient feels not only wrongfully injured, but also abandoned. Such hostility can be expressed in the form of a malpractice suit. In short, the requirement of informed consent to treatment, which includes a requirement of "informed refusal" of treatment, has sometimes been characterized as an impediment to excellence in health care, because it allows patients to refuse treatment that they are perceived as needing, or the disclosure requirements are seen as "upsetting" the patient with full explanation of the risks involved. But, in fact, obtaining informed consent can have the opposite effect, both in purely "scientific" terms of promoting healing, and, even more importantly, in terms of promoting the concept of the patient as a person and causing all medical care to be delivered from a humanitarian perspective.

It is relevant to note in these latter respects, that informed consent is a suffering reduction mechanism, because it helps to give patients a feeling of control over what happens to them and suffering can be experienced as a feeling of loss of control. To reduce suffering is the basic aim of medicine and of the discipline of health care, law and ethics and, to the degree that informed consent helps to achieve this outcome, it should be regarded as promoting excellence in health care. Jeremy Rifkin, in his book, *Algeny*, speaks of "the old Darwinian notion of 'survival of the fittest'...[being] replaced by 'survival of the best informed'"³. This same idea is one of those that underlie the doctrine of informed consent -- information gives power and control. That is, informed consent is a power-sharing mechanism and if it results in a decrease of iatrogenic illness or an increase in judicious use of necessary medical care, it, too, may be a survival mechanism.

MEDICAL RESEARCH

Human medical experimentation is another area in which some persons regard legal and ethical imperatives as inhibiting excellence in health care. In fact, much of

³ Rifkin J. *Algeny: a new word -- a new world*. New York: Penguin Books, Inc.: 1984, p. 221.

the original discussion leading to the development of the field of health care law and ethics as an organized discipline was concerned with human medical research. Many people are unaware how recent human medical research is, as a large scale, societal and often commercial, undertaking. The emergence of the "industrialized medical complex" has fostered this growth and now we even have research "plants", where healthy, volunteer human research subjects participate on a regular basis for remuneration. There is concern over this type of activity, because the symbolism and precedents set by such organized undertakings are different from those created by *ad hoc* participation in research as a subject, even if the spontaneity of volunteering in the latter case is more apparent than real. In this respect, one can compare the attitude of the law to individual crimes as compared with group or "gang" ones. The latter are seen as much more of a threat to society and, in fact, the crime of conspiracy consists of two or more individuals planning a crime, whereas an individual alone, making the same plans in the identical manner, could not be prosecuted short of an attempt to carry out the crime.

Concurrently with our concern with human medical experimentation, there has been large-scale protest against the use of animals in medical research and this is increasingly subject to more and more stringent laws. Even more than the regulation of human medical research, this is seen by some persons -- particularly some medical scientists -- as a serious and unreasonable impediment to progress in medical research. Opponents of animal research are just as adamant in the opposite direction.

One of the most controversial undertakings in the area of medical research currently is human embryo research. This controversy even relates to whether or not research on human subjects is involved or whether this is simply research on a unique form of human tissue. The debate is characterized by polarized views (which is not surprising when its relationship to abortion, which itself is highly controversial, is pointed out). Those supporting the need for human embryo research argue that "the product of conception", "the fertilized ovum" or "the pre-embryo" (all alternative, non-personhood attributing terms) is of human origin and may deserve special respect, but is not a person and need not be safeguarded and treated as such. They emphasize the benefits that such research promises, argue that it cannot be carried out in any other manner (although this is often simply asserted rather than demonstrated to any convincing degree), and that the harms or risks of harm are acceptable. To prohibit such research would, in these persons' view, be an unacceptable inhibition of the pursuit of scientific knowledge. In contrast, those persons opposing human embryo research see the embryo as a person and as deserving of the same rights and protections as all other members of the community. Certainly, they would not allow the embryo to be put at risk or deliberately destroyed for the benefit of others, no matter how much good in the form of advancement of scientific knowledge and use of this knowledge to relieve suffering from disease and illness was promised thereby.

It is not only the carrying out of human embryo research which is controversial, but also some applications of this research are subject to fierce debate. For instance, it can be used to choose the sex of one's children and could, possibly, allow men to bear babies. There will be many difficult issues raised by such possibilities, not only as to what would constitute excellence in health care in relation to them, but also, whether or not they constitute health care at all, or, indeed, even acceptable conduct.

TREATMENT OF TERMINALLY ILL PERSONS

Application of a technological imperative in medicine often leads to "bad" medical care in the sense of over-interventionist care. There may be failure to achieve excellence by doing either too little in some circumstances, or too much in other circumstances. The issue is both what we ought to do, and what we ought not to do in terms of treatment. There is no doubt that the availability of medical technology creates a pressure to use it, but, this impulse needs to be governed by the realization that, sometimes, such use will do more harm than good. This type of situation is particularly likely to arise in relation to terminally ill persons, although there is now greater sensitivity to the need to accept that there may be more we can do in terms of interventions, than we should do. Such interventions are sometimes described as those which merely "prolong dying", which are to be compared with those which "prolong living", which it is a fundamental aim of medicine to achieve.

Important concepts of health care law and ethics in this area include the notion that over-treatment can constitute medical malpractice and recognition of competent patients' rights to refuse treatment, including through such prospectively operating legal devices as the "living will" (the patient's directions concerning non-treatment in the event that he or she is terminally ill and incompetent to decide at the time), and the "durable power of attorney" (the patient appoints a substitute decision-maker who is empowered to decide on medical treatment in the event of the patient's incompetence). Legal and ethical instruments of this nature can be characterized as safeguards against "non-excellence" arising from the very fact of administering certain medical care. That is, such laws provide protection against being treated when this would be invasive, disrespectful, or harmful to the patient.

ORGAN TRANSPLANTATION

What is excellence in health care in an area such as organ transplantation where: many procedures are experimental, but the alternative is death; the quality of the patient's life after the procedure may be poor; interventions are very expensive; there is a shortage of monetary and non-monetary resources (for example, human organs); and there are serious problems in finding an acceptable allocation mechanism? Is there excellence in health care when a programme to implant artificial hearts is undertaken primarily as a publicity-attracting campaign by a "for-profit" hospital chain, as has occurred in the United States? Is there excellence in health care when organs are allocated to dying children according to which parents are able to appear on television to appeal for an organ, or to persuade a public figure to do this? Does excellence in health care require fair and just decisions in the allocation of scarce medical resources? Is the excellence of health care affected by physicians and surgeons becoming "medical stars" as they have in the area of organ transplantation? On a more technical legal level, is the need for consent to the taking of organs contrary to technological excellence? Could we obtain more organs, in better condition, and better matched, if "contracting out" legislation were used; that is, if a presumption that organs could be taken unless the person, before death,

or the family, objected? Would any harm that such an approach generated be counted as a detraction from excellence in health care or is it extrinsic to this in that it may be harm, but not in the sense of detracting from excellence in health care? In other words, could one seek excellence in health care at the cost of some harm either to individuals other than patients or to the community, or would this be a detraction from the excellence sought?

AIDS

What is excellence in health care in dealing with an incurable, fatal disease? How can excellence be achieved when there is no "harm free" option available; for example, how can the rights and protection of individual "persons with AIDS" be balanced against rights and protection of the public?

AIDS raises many contentious issues in the areas of public health and preventive medicine and perceived conflict of community protection with individual rights. For instance, everybody could be screened for HIV antibody positivity, but this would involve serious harm both to some individuals and to wider values of the society. Likewise, failure to respect an individual's right to confidentiality may be thought necessary to prevent the spread of AIDS or to promote public health research. Even if this were true, there are serious harms inflicted by breach of confidentiality in the medical context. Moreover, failure to respect medical confidentiality may promote rather than inhibit, the spread of AIDS. This would be the case if such breaches cause people to be afraid of being tested for contact with the AIDS virus, especially persons who are members of high risk groups who engage in high risk behaviour and who therefore may transmit the AIDS virus. Failure to have an HIV antibody test may mean that these persons do not modify their behaviour whereas otherwise they would do so, either to avoid becoming infected or, if they are HIV antibody positive, to avoid infecting others or to avoid exposure to other infective agents which may be particularly dangerous to them because they have a damaged immune system. Without the test, a process of psychological denial may promote behaviour likely to spread AIDS in two ways: first, if persons are uncertain whether they are antibody negative, there is not as strong an incentive to avoid risk-taking situations in order to maintain this antibody status; second, persons who do not know for certain that they are antibody positive are likely to be less inhibited about engaging in conduct likely to pass on the AIDS virus.

AIDS raises a wide range of issues both inside and outside the health care context. The search for excellence in health care in relation to AIDS will raise many important issues, some of which will differ in extent or kind from those in other areas. AIDS will test our commitment as individuals and as a society to respect for human rights. It will challenge our concepts of fairness in allocating medical resources. AIDS will test our dedication to the aim of relief of suffering and our compassion. It will determine whether in practice, as compared with theory, we indeed have respect for all patients as persons and all aspects of their personhood, including their beliefs, values, attitudes and life-styles. In facing these issues our definition of what is excellence in health care is likely to be expanded and refined. That is, the categories of excellence are not closed and in pursuing

excellence it is essential to keep in mind that this is a continuing and dynamic process and not a static state which, once achieved, solves all present and future problems.

CONCLUSION

Each of the examples that has been examined in order to explore the concept of being "in search of excellence in health care" raises a different range of issues, only some of which have been identified in this discussion. But there are some common threads linking them. The examples make it clear, I suggest, that we cannot afford to pursue life-creating, or life-prolonging, or health-preserving, or disease-preventing technological interventions, on the basis only of the benefits promised, regardless of the costs in the broadest sense of that concept. Costs must be assessed in terms of lack of respect for individual rights; failure to care; suffering infliction; and lack of respect for persons. In some cases, the costs of providing or not providing certain treatments may be too great. It is the role of legal and ethical imperatives to strike the balance between costs and benefits in pursuit of excellence in health care. This means striking the balance, first, between the unbridled pursuit of excellence in the science of health care and reactionary positions which can reflect a fear of knowledge, because to pursue this is considered too "God-like". Second, it means striking the balance between purely scientific pursuits in medicine and its caring, humanistic functions, when these are not totally compatible. Sometimes, these are not easy balances to strike and are ones that need to be restructed continually, which makes them even more difficult and exacting. The challenge to health care, law and ethics is to become, as fully as possible, true safeguards of persons, principles, values and the fabric of our society in relation to taking the decisions that determine these balances. This does not mean that the role of health care, law and ethics is to safeguard the *status quo*; rather, it is to facilitate and accommodate necessary or desirable change, and to be as little as possible an unwarranted impediment. I have great hope that we will be able to achieve this and, with it, true excellence in health care, although I do not underestimate the difficulties that may often be involved.

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At some time during the next two years, as part of their larger University libraries, most Canadian academic health science libraries will be evaluating their collections for inclusion in a continent-wide "conspectus" of research library collections. The purpose of this paper is to describe Canadian involvement in the North American Collections Inventory Project, the "conspectus methodology", and our experience at the University of Alberta with the Medical and Health Sciences section of the conspectus.

THE NORTH AMERICAN COLLECTIONS INVENTORY PROJECT AND THE CONSPECTUS

The North American Collections Inventory Project (NCIP) grew from the cooperative efforts of the Research Libraries Group (RLG) in the 1970's. The RLG is a partnership of the great American research libraries, formed in 1974 to meet cooperatively the combined challenges of fiscal uncertainty and exponential increases in the cost and volume of published information. But to plan the development of their collections, together, they needed a detailed overview. The instrument developed by Paul Mosher in 1979 for this purpose is the *RLG Conspectus*.

By listing together the comparative collection strengths and weaknesses of the participating libraries, the conspectus provides a broadly descriptive policy statement for the aggregate. According to Mosher, it breaks down "subject fields in such a way as to allow distributed collection responsibilities for as many fields as possible" and "reflects the distribution of collection strengths and collecting intensities in a way that can facilitate planning, but without the prescriptive implications of a 'policy'".¹

The Association of Research Libraries (ARL) was quick to seize upon the potential of the conspectus as a means toward a much broader inventory of collection strengths beyond the RLG, which would, in turn, foster wider cooperative collection activities among ARL member libraries. In 1981-82 five non-RLG members, including the University of Manitoba Library, conducted a test of the conspectus as a framework for collection analysis. As a result, in 1983 the ARL endorsed implementation of the North American

¹ Gwinn NE, Mosher PH. *Coordinating collection development: The RLG Conspectus*. College and Research Libraries 1983; 44: 128-140.

Collections Inventory Project. A manual was developed and tested², training and documentation were provided, and beginning in 1985, ARL libraries throughout the U.S. and Canada began the task of "doing the conspectus".

Meanwhile, the RLG developed *RLG Conspectus Online*, an interactive database available on *RLIN* (Research Libraries Information Network); it is searchable by subject, institution, LC classification, collection levels, etc. As each section of the conspectus is completed by an institution, the results are entered on this database.

Having agreed to participate in mid-1985, the Canadian Association of Research Libraries (CARL) and the National Library of Canada are working collaboratively with the ARL on NCIP. Canadian involvement, in many ways, is the gateway to much broader international application of the conspectus and the Collections Inventory Project, as we develop language codes, translate the conspectus and training tools into French, and significantly revise many sections of the *RLG Conspectus* which have a marked U.S. bias. A *Canadian Conspectus Database* is also being developed, which will be available by spring of 1987. Thus, as Canadian libraries complete sections of the conspectus, the data will be entered onto both the *Canadian Conspectus Database* and the *RLG Conspectus Online*. The Canadian NCIP Coordinator is Mary Jane Starr, of the National Library of Canada.

CONSPECTUS METHODOLOGY

Conspectus methodology, quite simply, is a combination of collection-based assessment techniques (as opposed to user-based techniques), using standardized descriptors imposed on a uniform framework. Broad subject areas are subdivided on the basis of Library of Congress classification ranges. *Existing collection strength* (ECS) and *Current collection intensity* (CCI) are recorded for each line, on a scale of 0 to 5. RLG collection levels may be briefly defined as³:

- 0 *Out of Scope.* The library does not collect in this area.
- 1 *Minimal level.* Very basic works, and few of them.
- 2 *Basic Information level.* A highly selective collection "to introduce and define the subject and to indicate the varieties of information available elsewhere" not adequate to support advanced undergraduate or graduate study.

² Reed-Scott J. *Manual for the North American Inventory of Research Library Collections*. Washington, D.C.: Association of Research Libraries Office of Management Studies, 1985.

³ *Supplemental Guidelines for the Medical and Health Sciences Conspectus*. [Washington, D.C.: Association of Research Libraries Office of Management Studies, 1985].

- 3 *Instructional Support level.* A collection that could support undergraduate and most graduate study, and independent study. This would also represent a sound clinical support level in medical and health science collections.
- 4 *Research level.* Major published sources needed to support dissertations and independent research.
- 5 *Comprehensive.* Everything, published anywhere.

Language content is also indicated with a single letter code attached to the numeral indicating collection level (e.g., "3E" would indicate an instructional level, English language collection).

Collections are assessed according to four basic methods, ranging from objective to subjective, quantitative to qualitative: shelflist measures, used in comparison with other shelflist measures; bibliographic checking; shelf observation; expert consultation. Collections policies (provided that the institution has the resources to purchase what the collections policy registers the intention of purchasing) are also useful, as are approval plan profiles.

The problems implicit in these methods are the problems implicit in collection-based evaluation techniques in general. However, the need here is not to discover how well a given collection serves a library's constituents, but to determine what portion of the published "universe" of recorded knowledge in a specific subject a particular collection represents. The object is an overview, literally, a *conspectus*, of what exists in our collections, nationally and internationally.

THE CONSPECTUS IN MEDICAL AND HEALTH SCIENCES LIBRARIES

In the *Medical and Health Sciences Conspectus*, *Existing collection levels and Current collection intensities* are tested at 224 separate lines within 49 broader subject categories, such as *Cardiovascular System*, *Pediatrics*, *Nursing*, and *Physiology*. *Supplemental Guidelines for the Medical and Health Sciences Conspectus*⁴ are available to provide some standardization. For example, the Brandon-Hill *Selected List of Books and Journals for the Small Medical Library* is suggested as a criterion for a level 2 collection. The *List of Journals Indexed for Index Medicus* provides a checklist for assessing periodical collections: 25 percent of all English-language journals is the minimum for a level 3 collection, while 65 percent of all appropriate journals in a subject area would constitute a level 4 or "research level" collection.

The *RLG Conspectus* is a developing instrument, an idea rather than the perfect realization, and so there are problems. With the *Medical Conspectus*, which we began in the summer of 1986 at the University of Alberta, we found difficulties in the work sheets themselves. Typographical errors in the class ranges, and a lack of class ranges and definitions for some lines necessitated close editing.

4 *Ibid.*

While it is helpful to have both LC and NLM class ranges provided in the conspectus, frequently they do not precisely reflect the same subjects. Since we searched the MEDLARS Catline database on class numbers to derive a comparison shelflist and a "universe" against which to test our LC-classed monographic holdings (Brandon-Hill being too basic for level 3 and 4 collections), it was necessary for us to assure agreement between the two schedules.

Periodicals form the heart of a research collection in the health sciences library, and one of the chief criticisms of the conspectus methodology is that it is inappropriate for serials-intensive collections. To make matters worse, most health science libraries prefer to leave their journals unclassified and shelved by title. Shelflist measures and shelf observations cannot be used in this case, and list-checking, as advocated in the Guidelines, indicates the breadth but not the depth of periodical collections. Here, as in other applications of the conspectus methodology, one is best advised to fall back on expert knowledge -- frequently, one's own.

The question of what "universe" is an appropriate measure against which to compare one's collection is a difficult problem. Apart from topics in the history of medicine, which are well-represented in the Medical Conspectus, there are no standard medical or health science bibliographies for monographs at the research or even at the instructional collection levels. Catline provides the best facsimile universe, and can be tailored to the lines of the conspectus, but is costly to use and, like the List of Journals Indexed for Index Medicus, reflects an American bias. The Library of Congress Shelf List is inappropriate for medicine, because of the collection policy of that library. The National Shelflist Count is dated and not sufficiently finely broken down. To select an appropriate "universe", again, one must follow the Guidelines as far as they go and then fall back on some expert opinion or professional judgement. Validation studies which are a part of the conspectus methodology and which would support (or bring into question) those professional judgements are not yet available for the Medical and Health Sciences Conspectus.

The object of the conspectus methodology is to provide a common framework to describe our collections and to tell us locally, regionally, nationally, and internationally the shape of our aggregate collections, their strengths and their weaknesses. The most important use of the inventory we are helping to produce will be its function in planning together the development and preservation of our collections at a time when no single library can afford to be self-sufficient.

To be sure, there are costs to participating in the NCIP, mostly in staff time. There are methodological difficulties and inconsistencies, but these can be remedied quite simply if we agree to share our problems, solutions, and results.

From our work on the Medical and Health Sciences Conspectus at the University of Alberta, we feel that the conspectus methodology provides a valid collection-based assessment instrument for these subjects. While acknowledging the problems inherent in the Medical Conspectus, we feel it provides a useful standard format that can give us an excellent overview of the aggregate of our collections, while providing significant benefits to our individual libraries, now and in the future.

VENDOR ANALYSIS: AN OVERVIEW

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INTRODUCTION

As library budgets continue to decrease in terms of both absolute and relative buying power, how and where any library spends its funds is becoming of increasing importance. Although serials vendors will be emphasized in this discussion, observations made can be generalized to include any library vendor.

In the Shorter Oxford English Dictionary a vendor is defined as "one who disposes of a thing by sale; a seller".¹ However, the meaning of this term is augmented in the context of libraries where vendors are used to expedite the acquisition of materials for the collection. In a library setting, the three main uses of a vendor or agent are:

- 1) To act as a single source for publications
- 2) To provide standard invoicing
- 3) To provide service

Although it is not disputed that these are useful functions, the price paid by libraries for these services has risen substantially in the last few years. Librarians must decide how necessary vendors, and the services they provide, really are to the smooth functioning of their libraries. An outline of the reasons vendors are used by libraries, selection criteria which should be applied in selecting a vendor, and methods of evaluating one's prospective and present-day vendors will be discussed. Alternatives to using a vendor will also be presented for consideration.

COST CONSIDERATIONS

The factor which has most drastically affected the library/vendor relationship is the continuing decline of the size of dealers' discounts offered by publishing houses. At one time, this discount enabled agents to sell their services to libraries for a nominal fee since the majority of the agent's profit was realized from the difference between the price paid by the agent to the publisher and the price paid to the agent by the library. Libraries benefitted from this arrangement since the dealers' discounts were substantial enough to allow vendors to charge the library a lower price than the library would have incurred by dealing directly with the publisher.

¹ Shorter Oxford English Dictionary. Onions CT (ed.). Oxford: Clarendon Press, 1975.

This situation has changed dramatically, however, in recent years with publishers wooing libraries directly rather than through agents. The increasing use of computerization by publishing houses in areas such as accounting and billing procedures has allowed the publisher to prepare itemized invoices for all customers regardless of their size. Previously, publishers would only provide detailed invoices for their large, centralized customers (such as vendors) because of the time and expense involved. Since this discount, to a large extent, subsidized the vendor's cost of business, the vendor has had to look elsewhere in order to sustain his business as a profitable enterprise.

Librarians will agree, I think, that the vendor's cost of business seems to be, increasingly, paid by the library; this change is evident in the increased service charges. Fee-setting by agents can appear arbitrary, particularly when the service charge is not specifically identified or is applied to each title on an individual basis, according to some esoteric formula.

In addition to these obvious costs, vendors can also be expensive in terms of their delays in instituting new subscriptions and in responding to problems. Some libraries complain that vendors do not pursue their claims vigorously and that special supplements are often missed because the vendors are not aware of their existence. It appears that in the present economic climate, publishers prefer to advertize directly to the customer via specialty journals rather than through the agents.

SELECTION CRITERIA

As in locating a good plumber or electrician, the best guide to a high-quality agent is a satisfied customer. When selecting a vendor, one should contact libraries which are similar to one's own in size and scope in order to discover which agents offer the most satisfactory types and range of services. Useful information can also be gleaned from both the vendor and the satisfied customer by extracting answers to the following questions:

- 1) Does the vendor provide fast service in resolving problems? In processing claims?
- 2) Are accounting reports available on a regular basis? (Quarterly reports will permit the library to keep better records.)
- 3) Does the agent offer a stolen issue replacement service? What is the policy regarding issues which were not received?
- 4) How quickly are journal issues received? (This is especially important in the sciences where journals are the chief disseminators of information.)
- 5) Are there particular vendors who specialize in certain subject areas? How does their response/receipt time compare with broader-based vendors?
- 6) How comprehensive is the vendor's stock? Will the agent be able to supply most of the materials required from his own stock or will he have to "contract out" some titles, thereby losing direct control?
- 7) How useful and knowledgeable are the agent's representatives?

The answers to these and to similar questions can be useful only if the librarian has a clear idea of the objectives of the library and of what the library requires of

a vendor. Each library will have its own unique ranking system since the weighting attached to the objectives will vary as dictated by the internal and external environments of each library. Libraries which suffer from severe under-funding will rank cost as a more important consideration than availability, while other less severely constrained libraries will rank the quality and frequency of accounting records higher than cost of subscriptions.

In determining the objectives and their rankings, the objectives of each section of the library must be considered; it is unlikely that the objectives of each section or department in the library will be the same. For example, Technical Services staff may place the highest value on a vendor's quick response to claims; Public Services staff may be more interested in rapid delivery; while Administration may feel that overall cost should be the prime factor in determining which vendor to use. These objectives must all be reconciled and a ranking must be devised which is acceptable to all. It is important that the needs of the library as a whole be matched against the services offered by the vendor, rather than vice versa.

Some libraries may be too small to warrant the cost of using a vendor to maintain their serials collection. The benchmark figure is commonly acknowledged to be one hundred (100) titles; if the library subscribes to any fewer, it is more cost-effective to deal directly with the publisher². Also, using a vendor does not ensure good service; as in any other business, vendors vary in the prices they charge and in the quality and quantity of services they provide for that charge.

Most libraries select vendors for the long-term. It is interesting to note that very few libraries consider changing vendors unless there is gross inefficiency or mismanagement of the account. Most library personnel responsible for serials administration exercise management by crisis in vendor control since they have little time to review a vendor's performance systematically until a service breakdown occurs³. While many librarians are willing to change vendors if the service deteriorates, few change vendors because of price increases, since it is felt that if one vendor raises prices, the others will soon follow suit. It is debateable whether this is, in fact, the case. However, changing vendors is a major undertaking and the cost incurred in transferring an account could well be greater than the increase in prices charged by the current vendor.

Librarians also seem to be unwilling to change vendors for a number of other reasons including tradition, reluctance to offend an agent with whom one has a long-standing and comfortable relationship, the complacency which can be engendered by such a comfortable relationship and other intangible factors. While these factors are certainly important in fostering a good working relationship between the vendor and the library, the fiscal health of the library must also be weighed against the quality of service provided by the vendor.

2 Katz B, Gellatly P. Guide to magazine and serial agents. London, RR. Bowker, 1975.

3 Bonk SC. Toward a methodology of evaluating serials vendors. Library Acquisitions: Practice and Theory 1985; 9: 51-60.

1. The first part of the paper discusses the importance of the study and the objectives of the research.

2. The second part of the paper describes the methodology used in the study, including the data collection and analysis techniques.

3. The third part of the paper presents the results of the study, which show a significant positive correlation between the variables.

4. The fourth part of the paper discusses the implications of the findings and provides recommendations for future research.

5. The fifth part of the paper concludes the study and summarizes the main findings.

6. The sixth part of the paper provides a list of references and a bibliography.

It is important that decisions of this sort be made on a factual basis rather than because of tradition or as a knee-jerk reaction to untried options. How much more time-consuming, in fact, would it be for serials staff to write directly to the publisher, rather than to the agent, to claim lost issues? Studies have actually found that direct order claims are more effective than those presented by a vendor on behalf of the library⁴. How much more expensive would it be to discontinue a vendor's services (and his service charges) and to hire additional staff to enable the serials department to deal directly with publishers and their invoices?

A major disadvantage cited in the literature concerning dealing directly with publishers is the number of cheques which a library would have to write and the expense resulting from this activity⁵. In fact, how many libraries actually bear the cost of writing cheques? In most institutions, the cost of cheque writing is borne by the accounting department. Admittedly, one's administrators may not be keen to issue ten cheques where, previously, one sufficed but if a vendor is used in order to streamline the accounting procedures, one's administration should be made aware of this fact.

CONCLUSION

In the final analysis, librarians must decide what is best for their own situation with respect to vendor services. The changing environment in which the library functions and the increasing use of computers both by the library and by publishers requires that librarians re-evaluate their use of vendors. As the cost of subscription services increase, more thorough study of the alternatives available becomes more important. While it is appreciated that the idea of "going direct" may be anathema to many librarians, it should be given careful consideration. Dismissing an option that may prove to be both cost effective and an improvement in the quality of service offered to users of the library is no longer possible.

* * * * *

I would like to thank Dan Heino (Information Services Librarian, HSL) and Gail Moores (Head, Technical Services, HSL) for their willingness to review and critique this article. The author retains full responsibility, however, for the ideas expressed.

4 Itner SS. *Choosing and using subscription agents in sci-tech libraries: theory and practice*. *Science and Technology Libraries* 1983; 4: 31-42.

5 *Ibid.*

REDUCING THE CATALOGUING BURDEN IN THE SMALL HEALTH LIBRARY

Jan Greenwood

Manager of Library Services
Ontario Medical Association
Toronto, Ontario

The single task which constantly threatens to overwhelm the majority of people working in small libraries is cataloguing the collection. For the trained, cataloguing can be an awesome task; for the untrained, it can be a nightmare. Indeed, on a recent consulting trip, I heard from one person who reported having dreams in which she was crushed by her backlog of uncatalogued books! At the Ontario Medical Association's most recent workshop on *Basic Skills for Hospital Library Personnel*, cataloguing was, as usual, identified as the matter of paramount concern to the participants.

Generally speaking, health sciences libraries do not catalogue journals, since they are readily self-sorting alphabetically by title, but all libraries do need to organize (catalogue) books and audio-visual materials in a way that will make them readily retrievable by subject, author (where applicable) and by title. The two inextricably related processes which allow such retrieval are known as cataloguing and classification.

WHAT IS DESCRIPTIVE CATALOGUING ?

Descriptive cataloguing tasks are those which describe the physical and bibliographic attributes of a work, no matter what its format, e.g. a book, video-tape. These attributes may be transmitted on to a catalogue or microfiche card, into a computer or other means for providing the library user with access to the contents of the library.

WHAT IS CLASSIFICATION?

Classification processes are those which enable one to identify a work's intellectual content and provide it with a unique call number or "address" on the shelves of the library. The term *call (or location) number*, which often appears on the spine of a library book, originates from a time when library stacks were not open to the general user and the number had to be "called" for retrieval by a staff member. In a library which employs a systematic classification scheme no two items will ever have the same call number.

Library materials can, of course, be organized (shelved) in a variety of ways: by subject, alphabetically by author or title, or even by size and colour! A subject class scheme however, is the most useful since it allows the user to browse the collection by topic of interest through its creation of subject "neighbourhoods" of

adjacent "addresses". The catalogue, on the other hand, enables the user to identify the location of items by a particular author or title.

The importance of using an established, published classification scheme cannot be over-emphasized: it ensures consistency in the use of subject headings and saves the individual library the time-consuming task of deciding what term to use to describe a particular subject concept, e.g. YOUTH rather than ADOLESCENCE. In most medical and health libraries the classification scheme of choice is that of the National Library of Medicine.

WHAT IS THE NATIONAL LIBRARY OF MEDICINE ?

The National Library of Medicine (NLM) is located in Bethesda, Maryland within a few miles of Washington D.C. and the Library of Congress (LC). It is the world's most comprehensive medical library and forms the pinnacle of a vast biomedical communications network within the U.S., but its impact is felt in Canada and beyond. In particular medical and health libraries are grateful to NLM for its computerized literature retrieval system, a collection of online databases known as MEDLARS (MEDical Literature Analysis and Retrieval System) and its classification system.

NLM's classification scheme provides an elegant and easy way to organize library materials and related sciences by subject. It employs the "QS-QZ" and "W" schedules which have been permanently excluded from the LC classification scheme and is thus compatible with that more comprehensive system. (This means, of course, that health libraries which contain non-medical titles in, say, psychology and sociology, may use, respectively, the appropriate "BF" and "H" schedules of the LC classification).

NLM provides health libraries with a variety of useful cataloguing products and services, including:

MEDICAL SUBJECT HEADINGS (MeSH)

Published annually, MeSH lists those subject terms and cross references which are used to classify citations contained in the major medical journal index published by NLM, namely INDEX MEDICUS. This subject heading list is the source for most of the subject headings which appear on catalogue cards in health libraries.

CATLINE

Access via computer terminal to CATLINE, a MEDLARS database which contains cataloguing information on a significant portion of the NLM collection. (Similarly AVLINE contains citations to audiovisual teaching packages which have been screened by NLM for technical quality).

CURRENT CATALOG

Published quarterly, **CURRENT CATALOG** is the print version of CATLINE and may be ordered on subscription.

NATIONAL LIBRARY OF MEDICINE CLASSIFICATION: A SCHEME FOR THE SHELF ARRANGEMENT OF BOOKS IN THE FIELD OF MEDICINE AND ITS RELATED SCIENCES

This publication is a comprehensive guide to assigning classification numbers in the medical and pre-clinical sciences.

Thus is NLM's vast store of cataloguing information available to health libraries anywhere through a variety of means: print publications may be obtained from the following address:

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C., U.S.A. 20402

or indirectly from a local agent of U.S. government publications.

ORIGINAL AND DERIVED CATALOGUING

In most libraries, we have the choice of doing all of our own cataloguing or of purchasing or otherwise obtaining cataloguing copy from an outside source; the two are known, respectively, as *original* and *derived* cataloguing. The trick for the small library, especially, is to do as little original cataloguing as possible. Of course, in highly specialized libraries, or ones where local documents or unpublished materials predominate, it may be difficult to obtain derived cataloguing information, but in most small health libraries where general medical works prevail, there should be relatively few items for which original cataloguing has to be done.

WHERE TO OBTAIN DERIVED CATALOGUING INFORMATION

A variety of options is open to librarians who do not wish to do original cataloguing and the choice usually depends on such factors as the availability of a local library consortium, whether the library in question is computerized, and, of course, cost. Many libraries today retain their cataloguing information on computer and have the option of accessing major on line cataloguing systems such as UTLAS, but most small libraries still maintain a card catalogue. Libraries may obtain derived cataloguing information for which they must provide the actual cards, or may even purchase complete card sets.

A card set comprises all of the cards required to provide access to one bibliographic item: e.g. author, title and one or more subject heading cards. Many libraries retain also shelf list cards which are filed by call number, separately from the public card catalogue. A shelf list is an excellent inventory tool and may be used to record such information as purchasing details for future reference.

To conclude, then, here are some of the ways in which small health libraries can avoid or supplement original cataloguing:

1. Cataloguing information may be derived from such sources as have already been mentioned: CATLINE and AVLINE if they are locally accessible, or from the CURRENT CATALOG.

2. CATALOGUING-IN-PUBLICATION

A significant percentage of publishers now co-operate with LC and, where applicable, NLM in having cataloguing and classification information prepared before a book is actually published; this information thus appears in print, usually on the verso of the title page of a work, and is called Cataloguing-in-Publication.

NLM information appears in square brackets preceded by the designation "DNLM". In cases where the information has not been derived from NLM, the individual must use MESH and the NLM classification schedules to determine appropriate subject headings and class numbers.

3. CARD SETS

Complete card sets may be purchased directly from Marcive, Inc. (P.O. Box 47508, San Antonio, Texas 78265) or indirectly through a book agent (e.g. Rittenhouse). The price of a complete card set is currently approximately \$1.25 U.S. and the turn-around time for response, allowing for the Canadian mail service, is about two weeks.

To ensure customer satisfaction the subscriber must, initially, complete a cataloguing profile form to determine exactly what is to appear on each card and in what format, e.g. NLM or Dewey Decimal class numbers; NLM or LC subject headings, where on the card the call number is to appear. Thereafter the subscriber simply submits, as needed, the ISBN (International Standard Book Number printed on the verso of title pages) or other identifying information and the cards are printed according to the previously established formula. (It is worth noting also that, at the same time and for a very modest sum, printed spine labels, book pockets and book cards may be purchased).

In seeking ways to reduce the cataloguing burden, small health libraries should not overlook the possibility of local assistance. Sometimes a well-established library will, for a modest fee, assume responsibility for acquiring and cataloguing the collection of another library. At the very least, these libraries will usually provide useful access to their own catalogues and cataloguing tools and, often, some moral support and advice!

FILLS TO BE TRIED OUT WITH ENVOY 100 AT EFAMOL LIBRARY

Christina Toplack

Research Librarian
Efamol Research Institute
Kentville, Nova Scotia

Interlibrary borrowing is a labour-intensive task and one is constantly looking for affordable methods of streamlining and automating as much of the work as possible. Electronic transmission (via ENVOY 100) of the bulk of our approximately 200 requests per week at the Efamol Research Library -- a two person, specialized, net borrowing operation -- has proven to be a valuable innovation. Furthermore, our recent purchase of a microcomputer (COMPAQ 286 Deskpro with a 30 MB hard drive) will permit investigation of interlibrary loans software, such as *Fast Interlibrary Loans and Statistics* (FILLS), developed by Rya Ben-Shir, Manager of the Health Science Resource Centre at the MacNeal Hospital in Berwyn, Illinois.

According to the literature on FILLS, it stands alone (no need for a database management system to run it) and is easy to use (intended for use both by clerks and professionals). The program is available on a single diskette for the IBM PC, XT, AT and M300 (the OCLC computer). It churns out requests on ALA-approved pin-fed forms, or can be used with *Easy Link*, a U.S. electronic mail system. The program compiles statistics and is programmed to produce reports such as numbers of requests per library, average return time per library, total and average costs charged per library; it will produce outstanding loan reports by patrons' names or by date of request, and will produce alphabetical lists of library addresses.¹

As in other libraries, our present ILL procedures include the transcribing of verified requests onto proper request forms, checking against our own holdings, assigning of locations (if not held here), and the sending of requests via ENVOY 100 CAN/DOC or Canada Post to lending libraries. Upon receipt of the material, cost and item obtained are recorded. This requires the time-consuming maintenance of several paper files.

Though FILLS would not eliminate any of the steps detailed above, it would automatically maintain the pertinent files and would compile statistics which would save considerable time and work. All of this will only result in a net benefit in our setting if FILLS can be used with ENVOY 100; if it cannot, time saved on file maintenance, compiling statistics and printing forms will be lost on mailing them to

¹ Ben-Shir R. *Fast interlibrary loans and statistics: the second enhanced release*. *Library Software Review* 1985 May-June: 132-8.

libraries with which we now communicate via ENVOY 100. We would not consider using FILLS for non-ENVOY 100 libraries only as there are too few of them on our list of regular lenders to warrant buying special ILL software.

A query regarding the possible use of FILLS with ENVOY 100 (since it is used with *Easy Link* in the U.S.) directed to Ms Ben-Shir has resulted in an arrangement for the Efamol Library to test a version of FILLS with ENVOY 100. The software is expected in January 1987, and the trial will commence at that time.

The potential benefits of such a system are evident. Automating the interlibrary loans process and the cumbersome gathering of statistics that accompanies the process is the dream of every librarian with too much to do and too little time in which to do it! Report of the progress of the trial, once underway, will be forthcoming.

* * * * *

CHLA ESTABLISHES TASK FORCE ON HOSPITAL LIBRARY STANDARDS

At its November meeting, the CHLA Board approved the establishment of a Task Force on Hospital Library Standards which will be chaired by President-Elect Jan Greenwood. Dorothy Fitzgerald, President, will also serve on the Task Force and regional representation has tentatively been established by appointing also Kathy Eagleton (Brandon), Verla Empey (Toronto) and Anitra Laycock (Halifax).

Ten years have now elapsed since the publication of **Canadian Standards for Hospital Libraries** and members of the Task Force will be most grateful for any support and advice that CHLA members can offer. Contact the chair of the Task Force on Hospital Library Standards at the following address:

Jan Greenwood, Chair
CHLA Task Force on Hospital Library Standards
Ontario Medical Association
250 Bloor Street East, Suite 600
Toronto, Ontario M4W 3P8

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CanHealth STILL AVAILABLE FROM CANADIAN LIBRARY ASSOCIATION

CanHealth: a guide for Canadian health libraries revises, updates and expands the *CanHealth* sections of **Bibliotheca Medica Canadiana** which appeared from 1982 through 1984. **CanHealth** is a useful source of Canadian information for those working in health sciences libraries; it contains a unique compilation of addresses and list of Canadian health reference tools.

103 pages. 1985. ISBN 0-9692171-0-2. Price \$10.00

Send orders to: Publications
Canadian Library Association
200 Elgin Street, Suite 602
Ottawa, Ontario K2P 1L5

MARITIME HEALTH LIBRARIES ASSOCIATION MEETS IN MONCTON

The Maritime Health Libraries Association/Association des bibliothèques de la santé maritime (MHLA/ABSM) met in Moncton, New Brunswick on 3 October 1986. This was the first meeting ever held outside Nova Scotia. The name of the Nova Scotia Health Libraries Association was changed only in 1985 to reflect the long-standing inclusion of New Brunswick and Prince Edward Island members. The new executive remains heavily comprised of members from Nova Scotia, but there is now a liaison person from New Brunswick.

New Brunswick members supported the meeting with a good attendance; library personnel from hospitals and health libraries in St. John, Fredericton, Moncton and Oromocto were present. Susan Libby of the Moncton Hospital and Marthe Brideau of l'Hôpital Georges Dumont organized the proceedings. Included in the agenda was a report of the CHLA/ABSC 1988 Halifax Conference Planning Committee, which outlined the initial planning stages for the 1988 CHLA conference to be held in Halifax.

In addition to association business, there was a demonstration of a microcomputer library system being marketed by the Sydney Development Corporation, a Vancouver based company. Though expressly aimed at small libraries, this system appears to be capable of being used in libraries with larger collections also. The demonstration revealed the system to be highly developed for areas such as serials control, circulation, authority control, MARC record interface, and online public access catalogues. It seems, moreover, to be capable of a high degree of integration between these modules. The company offers full training and technical support and claims that improvements are continually being made in response to user recommendations. Those in attendance were impressed with the demonstration.

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PROMOTIONAL PAMPHLET BEING DESIGNED

The Maritime Health Libraries Association is designing a promotional pamphlet and would appreciate receiving examples of other chapters' pamphlets.

Please send to:

Christina Toplack, Research Librarian
Efamol Research Institute Library
P.O. Box 818
Kentville, Nova Scotia B4N 4H8

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ONTARIO HOSPITAL LIBRARY ASSOCIATION MEETS IN TORONTO

Margaret Taylor

Director of Library Services
Children's Hospital of Eastern Ontario
Ottawa, Ontario

The first annual meeting of the Ontario Hospital Libraries Association (OHLA) was held on 28 and 29 October at the Women's College Hospital in Toronto. Organizers were very pleased with the registration of 116; over half the current membership was in attendance and eleven of the twelve Ontario Hospital Association regions were represented.

The theme of the meeting was *Measuring Library Effectiveness*. We were fortunate to be able to include in the programme well-known speakers who are authorities in the fields of library and social science research. The keynote speaker was Margaret Beckman, Executive Director for Information Technology at the University of Guelph. Her topic was the political and financial importance of measuring library effectiveness. Professor Tom Wilson, Head of the Department of Information Studies at the University of Sheffield in England -- the next speaker -- chose research methods suitable for hospital libraries as his topic. He related these methods to Quality Assurance plans. The final morning speaker on the first day was Allen Gower, from the Questionnaire Design Resource Centre of Statistics Canada. Mr. Gower introduced the group to the "do's and don't's" of questionnaire design.

A brief business meeting was held before the luncheon and the executive all presented reports. Members of the current executive are: Verla Empey, President; Margaret Taylor, President-Elect; Don Hawryliuk, Treasurer; Linda Hill, Secretary; Susan Gillespie, Chair of the Education Committee; Jan Greenwood, Editor, *OHLA Newsline*; and Elizabeth Browne, Chair, Nominations Committee. Highlights of the business meeting included the announcement that OHLA was granted section status within the Ontario Hospital Association (OHA); the honorary life membership bestowed on Babs Flower for her work for hospital librarians in Ontario; and the introduction of two new members of the executive for the coming year: Christie MacMillan, President-Elect and Susan Hendricks, Editor.

The afternoon workshop was on Quality Assurance (QA). Linda McFarlane of the Sunnybrook Medical Centre introduced the key concepts and procedures of Quality Assurance. The group was then divided into two sections: one for those who had already done some work in developing a Quality Assurance plan for a library, and the second for those unfamiliar with the process. Sue Gillespie of the University Hospital, London, led the beginners' group, taking them through the steps in starting a Quality Assurance plan. She gave out samples of the QA forms she uses for reporting on audits of her library services and distributed handouts on QA terminology and readings.

Susan Hendricks of the Oshawa General Hospital was in charge of the "advanced" group which was divided into four discussion groups, each with its own facilitator. These groups discussed risk management, computerization and motivation as they relate

to QA. At the end of the afternoon, all the participants regrouped in the main lecture theatre to hear summaries of the two workshop sessions presented by Margaret Taylor and Tom Wilson, who had been acting as observers.

A series of tours and mini-clinics at four downtown Toronto hospitals (Queen Elizabeth, Mt. Sinai, Toronto General, and the Hospital for Sick Children) were offered on the programme of the second day of the conference. Over fifty OHLA members attended these tours. There were presentations on security systems, circulation procedures, collection development policies and current reference files. Tours were offered twice at each library to allow members to attend all four presentations.

Evaluations of the two-day meeting were very positive, with the morning session of the first day receiving the highest rating. Next year, as a section of the Ontario Hospital Association, OHLA will have its second annual meeting as a part of the 1987 OHA Annual Convention. (This year's meeting, although timed to coincide with the OHA Convention, could not be held at the Convention headquarters because OHLA was not then a section of OHA.) It is hoped that OHLA will also offer a continuing education workshop the day before or after the scheduled OHLA meeting. In the meantime, the executive are working on an exciting programme for the second annual meeting and are also busy preparing a programme for the joint OHA/OHLA workshop to be held at the OHA Headquarters in April 1987. The executive welcomes suggestions for future workshop and annual meeting themes.

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FROM THE HEALTH SCIENCES RESOURCE CENTRE

Marilyn Schafer

Head, Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
Ottawa, Ontario

IMPAG MEETING

The International MEDLARS Policy Advisory Group (IMPAG) met in 1986 at the National Library of Medicine (NLM) in Bethesda on 31 October and 1 November. All 16 of NLM's international partners were represented. This meeting is held every second year.

France, in particular, had two announcements to make. First, the French translation of MeSH, together with its corresponding PASCAL vocabulary, is now available in three volumes. The second announcement made by France was that Medline is now running on Télésystèmes and has a link via the CAS Registry Number to DARC, a database of chemical structures.

NLM also had several announcements to make. One concerned the development of MEDLARS III, which is now several years behind schedule. The delay occurred this year when it was discovered that, while the overall design of the system is good, as is that of three of the four modules in Phase I submitted by the contractor, one of those three cannot be executed. We were reminded, as well, that information retrieval is still in the third and final phase of the project.

NLM also announced that the second version of GRATEFUL MED is soon to be available. It will be on two floppy disks: one for the software, and the second for the MeSH. The software is being converted to C language from PL1 so that it will run on machines other than IBM's and IBM clones. The completion of this conversion is still about a year away.

Thirdly, NLM is also ready to make tape subsets available to Canadians as of 1 January 1987. At the moment, it is up to CISTI to work out suitable administrative procedures to handle payment, contracts and distribution. Contract holders will be subject to a strict quality assurance policy newly set by NLM.

HSRC ADVISORY COMMITTEE

The Health Sciences Resource Centre (HSRC) Advisory Committee met on 3 December 1986 at CISTI. This committee is an advisory body to the Director of CISTI, who sits on the committee *ex officio*. The Head of the HSRC is also a member of the committee, *ex officio*, and serves as its secretary.

Members are nominated by three associations: the Canadian Health Libraries Association (CHLA), the Special Resource Committee on Medical School Libraries of the Association of Canadian Medical Colleges (ACMC), and the Section de la santé de l'Association pour l'avancement des sciences et techniques de la documentation (ASTED).

Current members of the HSRC Advisory Committee and their terms of office are:

Anitra Laycock, CHLA	1983-1986	(Chairperson)
Louis-Luc Lecompte, ASTED	1983-1986	
Catherine Quinlan, ACMC	1986-1989	
Donna Dryden, CHLA	1986-1989	
Colin Hoare, CHLA	1986-1989	

The major topic of discussion at the meeting was the action to date on the recommendations contained in the joint ACMC/CHLA brief to CISTI, **The Role of the Health Sciences Resource Centre and Health Information Needs**. Full discussion of that document will appear in later issues of this journal, but many recommendations have already had some follow-up. Notable among these is the response of the National Science Film Library to the request that they purchase all NLM-produced videotapes (see the article by Heather Moore of the Canadian Film Institute in this issue).

Further follow-up to the brief is the action that caused the Head of the HSRC to become a member of the editorial board of the **CISTI News**; beginning with the issue for autumn 1986, there will be an item on the HSRC in each issue. As well, all libraries listed in the 3rd edition of **Health Sciences Information in Canada: Libraries** are on the mailing list for the **CISTI News**. We have chosen the **CISTI News** as the vehicle for spreading the word about the HSRC on the advice of the HSRC Advisory Committee, rather than starting yet another newsletter. To get on the mailing list, contact:

CISTI Publications Section
National Research Council of Canada
Ottawa, Ontario K1A 0S2

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DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE

Marilyn Schafer

Chef, Centre bibliographique des sciences de la santé
Institut canadien de l'information scientifique et technique
Ottawa (Ontario)

REUNION DE L'IMPAG

L'International MEDLARS Policy Advisory Group (IMPAG) s'est réuni cette année à la National Library of Medicine (NLM) à Bethesda le 31 octobre et le 1er novembre 1986. Les 16 partenaires internationaux de la NLM étaient tous représentés. Cette réunion a lieu à tous les deux ans.

La France a annoncé premièrement que la version française du MeSH et du vocabulaire PASCAL correspondant est maintenant disponible en trois volumes. Deuxièmement, elle a annoncé qu'il est maintenant possible d'accéder au Medline par l'entremise de Télésystèmes et qu'on peut établir une liaison avec DARC, une base de données de structures de composés chimiques, au moyens de numéros d'inscription du CAS.

La NLM a également fait plusieurs annonces. La première portait sur la mise au point de MEDLARS III qui est maintenant en retard d'une à deux années. Le délai est survenu cette année lorsqu'on s'est aperçu que la conception du système dans son ensemble était bonne comme l'ont démontré 3 des 4 modules de la phase I soumise par le sous-traitant, mais l'un des trois modules ne peut être exécuté. On a souligné également que la recherche documentaire est encore la troisième et dernière phase du projet.

Deuxièmement, la NLM a annoncé que la 2e version de GRATEFUL MED devrait être bientôt offerte sur deux disquettes souples, l'une pour le logiciel et l'autre pour le MeSH. Au cours de la prochaine année, le logiciel sera converti du langage PL1 au langage C pour qu'il puisse à l'avenir être exécuté sur des machines autres que l'IBM et les machines compatibles avec l'IBM.

Troisièmement, la NLM pourra enregistrer, à compter de janvier 1987, des sous-ensembles des bandes magnétiques pour les Canadiens. Actuellement, il appartient à l'ICIST de prendre les dispositions administratives pour effectuer la paiement, passer les marchés et s'occuper de la distribution. Les détenteurs de contrats seront soumis à de strictes normes de qualité nouvellement imposées par la NLM.

COMITE CONSULTATIF DU CBSS

Le Comité consultatif du CBSS s'est réuni à l'ICIST le 3 décembre 1986. Ce comité conseille le directeur de l'ICIST qui y siège à titre de membre d'office du Comité et agit à titre de secrétaire.

Les membres sont nommées par l'Association des bibliothèques de la santé du Canada, le Comité spécial sur les ressources des bibliothèques médicales de l'Association des facultés de médecine du Canada et la Section de la santé de l'Association pour l'avancement des sciences et techniques de la documentation (ASTED).

Les membres actuels et la durée de leur mandat sont les suivants:

Anitra Laycock, ABSC	1983-1986	(présidente)
Louis-Luc Lecompte, ASTED	1983-1986	
Catherine Quinlan, APMC	1986-1989	
Donna Dryden, ABSC	1986-1989	
Colin Hoare, ABSC	1986-1989	

La discussion a principalement porté sur les activités qui ont été entreprises à ce jour à la suite des recommandations du rapport conjoint présenté à l'ICIST par l'ACMC et la ABSC intitulé *The Role of the Health Sciences Resource Centre and Health Information Needs*. Il en sera question plus longuement dans les prochains numéros, mais on a effectivement assuré un suivi à plusieurs questions soulevées par le rapport. Il faut noter entre autres la réponse positive de la Bibliothèque canadienne du film scientifique à la demande d'acheter toutes les bandes vidéo produites par la NLM (voir l'article de Heather Moore de l'Institut canadien du film dans le présent numéro).

En outre, la chef du CBSS fait maintenant partie du Comité de rédaction des *Actualités ICIST* et depuis le numéro d'automne 1986, une rubrique est réservée au CBSS dans ce bulletin. De plus, toutes les bibliothèques qui figurent dans la 3e édition de la publication *Information en sciences de la santé au Canada: bibliothèques* seront placées sur la liste d'envoi des *Actualités ICIST*. En accord avec la recommandation du Comité consultatif, nous avons choisi les *Actualités ICIST* comme moyen de diffusion de l'information au sujet du CBSS plutôt que de faire paraître un autre bulletin de nouvelles. Pour être placé sur la liste d'envoi, veuillez vous adresser à:

Section des publications de l'ICIST
Conseil national de recherches Canada
Ottawa (Ontario)
K1A 0S2

Numéro de téléphone: (613) 993-3736
ENVOY 100: CISTI.PUBS

NATIONAL SCIENCE FILM LIBRARY ADDS NEW TITLES

Heather Moore

Development and Communications Officer
Canadian Film Institute
Ottawa, Ontario

The Canadian Film Institute (CFI) is pleased to announce that its National Science Film Library (NSFL), located in Mississauga, Ontario, has recently added 45 new titles to its collection of over 3,600 science and medicine films and videos.

The National Science Film Library collection, sponsored by the Canada Institute for Scientific and Technical Information (CISTI), a division of the National Research Council Canada, has acquired 32 new 3/4 inch videotapes from the American National Library of Medicine (NLM). These videotapes deal with such subjects as pharmacokinetics, forensic pathology, patient education, cardiovascular studies, and descriptive epidemiology. Specific titles include **Cardiovascular Signs**, **Forensic Identification**, **Flame Photometry**, **General Concepts of Analytic Epidemiology**, and **Principles of Pharmacokinetics**.

With the assistance of CISTI, the CFI has also purchased the highly-acclaimed and eclectic 13 title Australian television series, **Breakthroughs**, which popularizes the latest developments in high technology and medical research. Titles include **Faces from the Grave**, a videotape about anthropological medicine and its use in historical autopsies; **The Big Shift**, which explores the area of advanced craniofacial surgery in deformed children; **The Silent Minority**, which details recent developments in surgery which bring fresh hope to victims of Down's syndrome; and **The New Solar Dawn**, a videotape about revolutionary solar energy systems.

In addition to these new acquisitions, the film library also circulates the film and videotape collections deposited by Health and Welfare Canada, the Royal College of Physicians and Surgeons, the Department of Energy, Mines and Resources Canada, the Department of Energy (United States), the National Aeronautics and Space Administration (United States), and Unesco. Many other science and medicine titles may be found in the deposit collections of various embassies and foreign missions.

Copies of the film library catalogue of the Canadian Film Institute may be obtained from its Mississauga office at a cost of \$18.00 prepaid, or \$25.00 with a purchase order. Contact the following for further information on these new acquisitions, the service charges of the CFI film library, or to request a film or videotape from the library:

Canadian Film Institute Film Library
211 Watline Avenue, Suite 204
Mississauga, Ontario L4Z 1P3

Telephone: (416) 890-1117

CINEMATHEQUE NATIONALE SCIENTIFIQUE AJOUTE DES NOUVEAUX TITRES

Heather Moore

Development and Communications Officer
Institut canadien du film
Ottawa (Ontario)

L'Institut canadien du film (ICF) a le plaisir d'annoncer que sa Cinémathèque nationale scientifique (CNS), située à Mississauga, Ontario, vient d'ajouter 45 nouveaux titres à sa collection de plus de 3600 films et bandes vidéo sur les sciences et la médecine.

La collection de la Cinémathèque nationale scientifique, comanditée par l'Institut canadien de l'information scientifique et technique (ICIST), une division du Conseil national de recherches Canada, a fait l'acquisition de 32 nouvelles bandes vidéo de 3/4" provenant de l'américain National Library of Medicine. Ces bandes vidéo présentent des sujets cliniques comme la pharmacocinétique, la pathologie légale, l'éducation des patients, les études cardiovasculaires et l'épidémiologie descriptive. Parmi ces titres (disponibles en anglais seulement), on remarque particulièrement Cardiovascular Signs, Forensic Identification, Flame Photometry, General Concepts of Analytic Epidemiology, et Principles of Pharmacokinetics.

L'ICF a également acheté, avec l'aide de l'ICIST, les 13 émissions de la célèbre série *Breakthroughs* de la télévision australienne, qui offrent une vulgarisation des progrès les plus récents des technologies de pointe et de la recherche médicale. Les titres (disponibles en anglais seulement) comprennent *Faces from the Grave*, une bande vidéo traitant de la médecine anthropologique et de son utilisation pour les autopsies historiques; *The Big Shift*, qui explore le domaine de la chirurgie cranio-faciale de pointe chez les enfants mal formés; *The Silent Majority*, qui décrit les découvertes chirurgicales récentes offrant un nouvel espoir aux victimes du syndrome du Down; et *The New Solar Dawn*, qui présente des systèmes révolutionnaires d'utilisation de l'énergie solaire.

En plus de ces nouvelles acquisitions, la CNS assure la diffusion de collections de films et de bandes vidéo provenant de Santé et Bien-être social Canada, du Collège royal des médecins et chirurgiens du Canada, d'Energie, Mines et Ressources Canada, du Department of Energy (des Etats-Unis) et de l'Unesco. Plusieurs autres titres traitant de sciences et de médecine se retrouvent dans les collections déposées auprès de la CNS par diverses ambassades et missions étrangères.

On peut se procurer des exemplaires du catalogue de la cinémathèque de l'ICF en s'adressant au bureau de Mississauga de l'ICF. Le prix en est de 18\$ si le paiement est effectué d'avance ou de 24\$ avec un bulletin de commande. Pour obtenir des renseignements additionnels au sujet des nouvelles acquisitions, enquérir des tarifs pour les services de la Cinémathèque de l'ICF ou commander un film ou une bande vidéo, veuillez vous adresser à:

Cinémathèque de l'Institut canadien du film
211, avenue Watline, Bureau 204
Mississauga, Ontario L4Z 1P3

Téléphone: (416) 890-1117

HEALTH AND WELFARE CANADA'S NHRDP REPORTS AVAILABLE ON INTERLIBRARY LOAN

Betty H. Garland

Head, Library Services
Health Services and Promotion Branch Library
Ottawa, Ontario

The final reports on grants awarded under the National Health Research Development Program (NHRDP) have been relocated from the former Health and Welfare Departmental Library to the Health Services and Promotion Branch Library. Since takeover of this collection, over 50% of the final reports of the last four years have been catalogued and are now available for interlibrary loan.

Approximately half of the remaining 1,300 reports have also been recatalogued. Current final reports (about 25 per month) are being entered on DOBIS. By the end of May 1987, approximately 400 NHRDP documents will be on DOBIS and within the next two years, the entire NHRDP collection will be listed on that system.

For interlibrary loan of these documents, contact Nicole St. Denis, Health Services and Promotion Branch Library, 5th floor, Jeanne Mance Building, Ottawa, Ontario K1A 1B4. Telephone: (613) 954-8592.

* * * * *

LES RAPPORTS FINALS DU PNRDS DE SANTE ET BIEN-ETRE SOCIAL CANADA SONT MAINTENANT
DISPONIBLES POUR LE PRET-ENTRE-BIBLIOTHEQUE

Betty H. Garland

Chef, Services de bibliothèque
Bibliothèque de la Direction générale des services
et de la promotion de la santé
Ottawa (Ontario)

Les rapports du Programme national de recherche et de développement en santé (PNRDS) qui étaient situés à l'ancienne bibliothèque de ministère de Santé et bien-être social Canada se trouvent à la bibliothèque de la Direction générale des services et de la promotion de la santé. Depuis la déménagement de cette collection, plus de 50% des rapports finals des quatre dernières années ont été catalogués et sont maintenant disponibles pour le prêt-entre-bibliothèque.

Environ la moitié des 1,300 rapports qui restent ont été recatalogués. Les rapports finals les plus récents (près de 25 par mois) sont entrées sur DOBIS. A la fin de mai 87, on retrouvera environ 400 documents de PNRDS sur DOBIS. D'ici deux ans la collection entière sera entrée sur le système DOBIS.

Pour un prêt-entre-bibliothèque, veuillez communiquer avec Nicole St. Denis, Bibliothèque de la Direction générale des services et de la promotion de la santé, 5e étage, Edifice Jeanne Mance, Ottawa (Ontario) K1A 1B4. Téléphone: (613) 954-8592.

PEOPLE ON THE MOVE

Beverly Brown, Technical Services Librarian for the past four years at the C.C. Clemmer Health Sciences Library of the Canadian Memorial Chiropractic College in Toronto will be moving to Winnipeg, Manitoba early in the new year in order to take up a position as Cataloguer in the University of Manitoba Medical Library on the 15th of January 1987.

Claire Callaghan, Director of the C.C. Clemmer Health Sciences Library of the Canadian Memorial Chiropractic College in Toronto left that position at the end of 1986 to become Collections/Online/Reference Librarian at the Sciences Library at the University of Western Ontario in London.

Tom Flemming, Head of Public Services at the McMaster University Health Sciences Library in Hamilton, Ontario was elected to the position of second vice-chair of the Upstate New York and Ontario Chapter (UNYOC) of the Medical Library Association at the association's annual meeting held in Buffalo, New York in October 1986. Michael Ridley, Head of Systems and Technical Services in the same library, was elected to the Board of UNYOC as a Member-at-large.

After 28 years as Cataloguer at the University of Manitoba Medical Library, Love Negrych has resigned in order to take up a position as Reference Librarian at the Architecture and Fine Arts Library of the University. Other resignations at the University of Manitoba Medical Library in the past year have seen Sandra Fish leave her position as Administrative Assistant after 14 years to go into the business world; Florence Granke left the Acquisitions Department of the Medical Library to take up early retirement and Evelyn Gurvey left the Circulation Department of the Medical Library, also for early retirement.

The inaugural meeting of the Manitoba Health Libraries Association was held on 20 October 1976 in Winnipeg, and the current President, Doris Pritchard, has begun a history of the association to commemorate its tenth anniversary. The first part of this history appeared in the October 1986 issue of the *MHLA News* (vol. 9(1):5-6).

The position of Director of the C.C. Clemmer Health Sciences Library of the Canadian Memorial Chiropractic College will be filled, as of 1 February 1987, by Marilyn Schafer, formerly Head of the Health Sciences Resource Centre at the Canada Institute for Scientific and Technical Information in Ottawa.

Lois Wyndham has been appointed librarian at the Chedoke Division Library of the Chedoke-McMaster Hospitals in Hamilton, Ontario. She has sixteen years of experience as a librarian; some of her time was spent as a librarian with Stelco, working with automated systems and online information retrieval, and some in teaching courses in the library techniques programs at Sheridan and Mohawk Colleges.

Ella-Fay Zalezak joined the staff of the C.C. Clemmer Health Sciences Library of the Canadian Memorial Chiropractic College in December 1986 as Cataloguing Librarian. She is a 1983 graduate of the Faculty of Library and Information Science at the University of Toronto and had worked as a cataloguer at the Toronto Public Library after her graduation.

MEETINGS / WORKSHOPS

Canadian Health Libraries Association / Association des Bibliothèques de la Santé du Canada 11th Annual Meeting

Theme: Maximizing resources: management, marketing, people, priorities.

Location: Holiday Inn Harbourside, Vancouver, British Columbia

24 - 27 May 1987

Contact: Nancy Forbes, Conference Co-ordinator, Biomedical Branch Library, 700 West Tenth Avenue, Vancouver, British Columbia V5Z 1L5 Telephone: (604) 875-4505

To tempt you further to attend next year's annual CHLA/ABSC meeting in Vancouver, the Planning Committee would like you to picture May on the West Coast. Rhododendrons, iris, and tulips are blooming in the parks and gardens, while flowering crabapple, dogwood and chestnut trees line the streets. Your hotel boasts wonderful harbourside views of the mountains (still a little snow on top ?), Stanley Park, Canada Place, and a bustling harbour. City-side views provide a panorama of Vancouver's best modern business and shopping areas. A revolving restaurant tops off the hotel, so diners can enjoy the spectacular scenery.

Close by your hotel, the Sea Bus can take you to shopping and sightseeing in North Vancouver, and the LRT (our new light rapid transit system) can take you to points southeast. The Vancouver Art Gallery is showing its permanent exhibit of works by Emily Carr, Robert Davidson, John Flaxman, and Joey Morgan, and a travelling exhibit from the Public Archives of Canada entitled *Our Painted Past*. The Vancouver Symphony Orchestra is performing its 5th Pops Concert in the magnificently refinished Orpheum Theatre, with Maestro Jack Everly conducting *Kismet*.

So come early and stay late. May in Vancouver is a wonderful time!

MLA - CE 112 Workshop: Collection Development and Use.

Sponsor: Windsor Area Health Librarians Association (WAHLA)

Location: Chicken Court Restaurant, 531 Pelissier Avenue, Windsor, Ontario

5 May 1987

Contact: Toni Janik, Medical Library, Hotel Dieu Hospital, 1030 Ouellette Avenue, Windsor, Ontario N9A 1E1 Telephone: (519) 973-4444 x178; or Anna Henshaw, Staff Library, S.A. Grace Hospital, 339 Crawford Avenue, Windsor, Ontario N9A 5C6 Telephone: (519) 255-2245/255-2230.

This new MLA programme deals with collection development for both monographs and journals. Strategies for Quality Assurance and policy development will also be covered. Participants are urged to bring along copies of their library collection development policy. James Bobick, Associate Director of the Case Western Reserve University Libraries in Cleveland, Ohio, will be the instructor. The workshop fee of \$60.00 (Canadian) or \$45.00 (U.S.) will include lunch, coffee and course materials. Registration is limited to 30 participants; 27 February 1987 is the registration deadline. Make cheques payable to Mrs. Anna Henshaw, Secretary, WAHLA and send to the address shown above.

Medical Library Association 1987 Annual Meeting
Theme : Confluence: source of new energy
Location : Portland, Oregon, U.S.A.
15 - 21 May 1987

Contact : MLA Headquarters, Suite 3208, 919 North Michigan Avenue, Chicago, Illinois,
U.S.A. 60611 Telephone: (312) 266-2456

Information about the 1987 MLA Annual Meeting is just now becoming available. The headquarters hotel in Portland will be the Portland Hilton, but several other hotels will also be used. Most conference activities will occur in the Memorial Coliseum.

The keynote speaker will be Fred Friendly, best known to the public as former President of CBS News and as host and producer of the American television series *Managing our miracles: healthcare in America*. Mr. Friendly's keynote address will be delivered on Sunday, 17 May 1987. Speakers in the Joseph Leiter Lecture series, to be delivered on Wednesday, 20 May 1987 at the conference, will be William F. Raub, Ph.D., of the National Institutes of Health and Warren J. Haas of the Council on Library Resources. The titles of these presentations were not available at press time.

The entire roster of MLA CE courses -- 19 in all -- is being presented on the 15th and 16th of May, before the conference itself begins. In addition, 10 *New Perspectives* courses are also being offered. Some of these more advanced courses have very interesting titles: *Using statistics in library management*, *Artificial intelligence and knowledge-based systems*, *Bibliographic control of software*. Further information on these courses, or on any other aspect of the conference is available from the MLA Headquarters at the address and telephone number shown above. Program information will soon be mailed to members.

Inclusive fee for the conference is \$185.00 (U.S.) for members of the association, and \$280.00 (U.S.) for non-members. Full pre-registration and program details are available from MLA Headquarters.

* * * * *

NEW PUBLICATIONS

A Bibliography of Health Care in Newfoundland (Occasional Papers in Medical History: number 6) by Isabel Hunter and Shelagh Wotherspoon. St. John's, Newfoundland: Faculty of Medicine, Memorial University of Newfoundland: 1986. 160 pages, 841 references, ISBN 0-88901-113-3. Price: \$18.00 (\$15.00 + \$3.00 postage).

The work on this bibliography began in 1980; originally, it was expected to include about 200 references to published works on health care in Newfoundland. Six years, and some 800 references later, the librarian compilers are still not certain they have listed all of the published material on the subject and welcome news of additional citations which can appear in a later edition. Only published material was included and it all deals with institutions concerned with health, health education or illness in Newfoundland and Labrador, or discusses a disease or condition occurring in or peculiar to the province. Most of the material is held in the Health Sciences Library at Memorial University and can be seen there or obtained on Interlibrary Loan.

Order from: Medical History Room
Health Sciences Centre
Memorial University of Newfoundland
St. John's, Newfoundland A1B 3V6

Taking Aim: Job Search Strategies for People with Disabilities. Toronto, Ontario: Ontario Ministry of Labour, Handicapped Employment Program: 1986. 106 pages. Free to residents of Ontario; \$10.00 out of province. Requests from outside Ontario must be accompanied by a certified cheque or money order for \$10.00.

This comprehensive manual for the disabled job-seeker has gathered a lot of information into a concise, easy-to-read and easy-to-use format. Yellow tabs, for example, assist the vision-impaired, while a spiral binding makes it easier to handle for those with dexterity problems. Examples of résumés and covering letters are found in the book, along with a step-by-step guide and lists of resources for the job-seeker. The book will be helpful to the disabled person who needs to assess his/her own skills and experience, who needs to identify areas where further training would be helpful or who needs practical advice on effective self-marketing. The manual is available in French, in English and on audio cassette.

Order from:

Handicapped Employment Program
Ontario Ministry of Labour
400 University Avenue, 10th floor
Toronto, Ontario M7A 1T7

Telephone; (416) 965-2321

Periodical Index for Quality Assurance in Canadian Health Care. Toronto, Ontario: Canadian Association of Quality Assurance Professionals: 1986. [Annual supplement to Quality Assurance Quarterly] 45 pages. 600 references. See below for price.

This new publication from the Canadian Association of Quality Assurance Professionals (CAQAP) lists over 600 references selected by the association's Education Committee from 1,500 citations submitted by the Quality Assurance (QA) Interest Group of the Toronto Health Libraries Association. The final selection was made on the basis of relevance to QA in Canada and ease of availability to Canadian health care professionals.

The citations are organized under 82 headings that conform to readily-identified hospital departments or services -- from *Admitting* to *Speech Therapy* -- and are therefore easily consulted. Future editions of the index will offer updated lists of papers on QA.

Cost of the publication (postage and handling included) is:

\$7.50 for members of CAQAP
\$8.50 for libraries
\$10.00 for non-members

Order from:

Canadian Association of Quality Assurance Professionals
151 Bloor Street West, Suite 480
Toronto, Ontario M5S 1T3

* * * * *

REVIEW OF SYDNEY DEVELOPMENT CORPORATION'S LIBRARY AUTOMATION SYSTEM

We draw our readers' attention to an interesting review of the Sydney Development Corporation's Library Automation System which appeared in the *MHLA/ABSM Bulletin*, number 9, for December 1986 (pp. 7-9). The brief review which appears there is the result of a demonstration of the system at the Maritime Health Libraries Association meeting in Moncton on 3 October 1986, but it offers a great deal of useful information. The author is Tim Ruggles of the Cataloguing Department at the W.K. Kellogg Health Sciences Library of Dalhousie University in Halifax, Nova Scotia.

Copies of the bulletin, or photocopies of the article, may be obtained from:

Christina Toplack, President
Maritime Health Libraries Association
Efamol Research Institute Library
P.O. Box 818
Kentville, Nova Scotia B4N 4H8

CORRECTION

[Editor's Note: The editor apologizes to Doctors L. Kabbash and N. Gilmore, authors of the paper *AIDS: an information perspective*, which appeared in *Bibliotheca Medica Canadiana* 1986; 8(2):71-8. Failure to proofread the final copy thoroughly permitted a wordprocessing "burp" to mar page 74 badly. The text, as it should have appeared on page 74 (complete under the heading: *Testing for HIV Infection*), appears below.]

TESTING FOR HIV INFECTION

Antibody assays are the most sensitive and specific tests for HIV infection. However, anyone being tested should know that sufficient time must elapse before seroconversion occurs and that seronegativity is not conclusive evidence that infection has not occurred. They should also understand that neither extent of HIV injury nor prognosis can be defined by serological results. The social consequences of antibody testing for HIV infection have been extremely controversial. Among the more prominent bases for this are: potential damage to the person being tested if results become known (loss of privacy, employability, rights to shelter, educational opportunities, insurability etc.) and the psychosocial impact which test results can elicit. This includes the inability of testing to predict outcome. Early estimates of outcome suggest as many as 5% of HIV-infected persons may develop AIDS per year of seropositivity (4,20,25,31,32). What determines outcome following infection is unknown. No tests can predict whether or not an infected person will develop disease, or what diseases may result. Also, there is no way to stop the infection, once someone becomes infected, limit the damage this infection may produce, or repair the damaged immune system, once infection occurs. Meanwhile, therapy is directed at treating opportunistic infections or malignancies which result from this immunodeficiency.

Intensive research is being directed at developing a vaccine which would protect people from becoming infected, and antiviral drugs that would stop the infection once this has occurred. Until effective antiviral agents and/or a vaccine are developed, efforts to control HIV infection must be directed at preventing infection. All blood donations in every industrialized nation are now being screened to prevent HIV transmission by blood and blood products. Intensive efforts are underway to educate the public, especially persons at increased risk of becoming infected, or of infecting others. More and more pamphlets, brochures, guidelines, videos, government documents and reports are being produced to educate the public, especially high risk groups, about prevention.

AIDS is a costly illness (5,33). Increasing demands for already scarce resources are paralleling the increase in numbers of AIDS cases. Community-based support groups, hospices and hospital programmes are being developed to minimize the growing costs of AIDS and to ensure that care is available to anyone who is infected, or who has AIDS.

CANADIAN HEALTH LIBRARIES ASSOCIATION BOARD OF DIRECTORS / BMC Staff

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Director, McMaster University Health
Sciences Library
1200 Main Street West
Hamilton, Ontario L8N 3Z5
Tel: (416) 525-9140 x2320
Envoy 100 Address: D.FITZGERALD

ANN BARRETT, CHLA CE Coordinator
Interlibrary Loans Librarian
W.K. Kellogg Health Sciences Library
Dalhousie University
Halifax, Nova Scotia B3H 4H7
Tel: (902) 424-2469
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* * * * *

DIANA KENT, Past President
Woodward Biomedical Library
2198 Health Sciences Mall
University of British Columbia
Vancouver, British Columbia V6T 1W5
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Envoy 100 Address: BCW

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Manager of Library Services
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Calgary, Alberta T2N 4N1
Tel: (403) 220-3750
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Medical Library
College of Physicians and Surgeons of
British Columbia
1807 West Tenth Avenue
Vancouver, British Columbia V6J 2A9

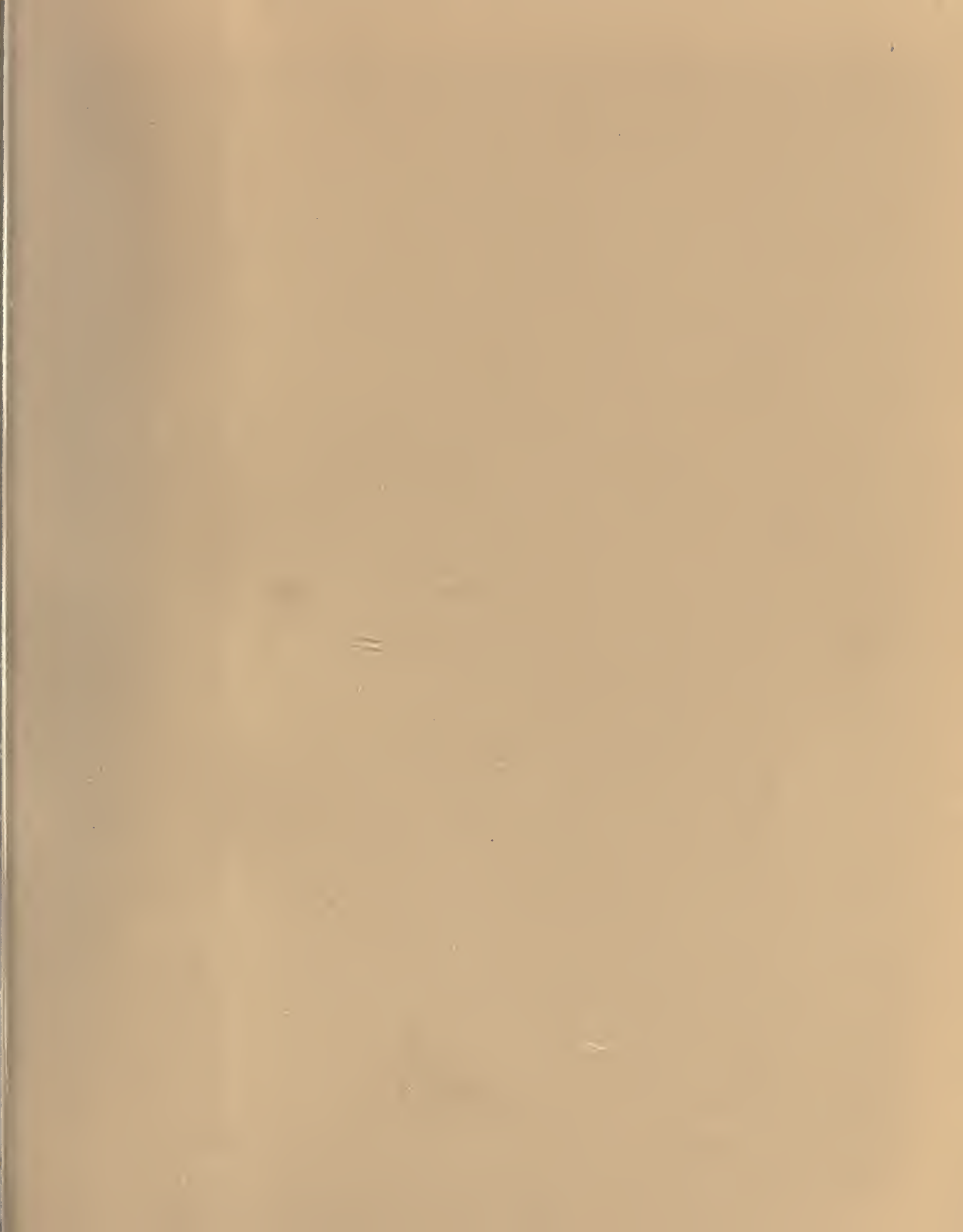
BONITA STABLEFORD, Secretary
Library Services Division
Health Protection Branch
Sir F.G. Banting Building
Health and Welfare Canada
Ottawa, Ontario K1A 0L2
Tel: (613) 993-7603
Envoy 100 Address: STABLEFORD.BA

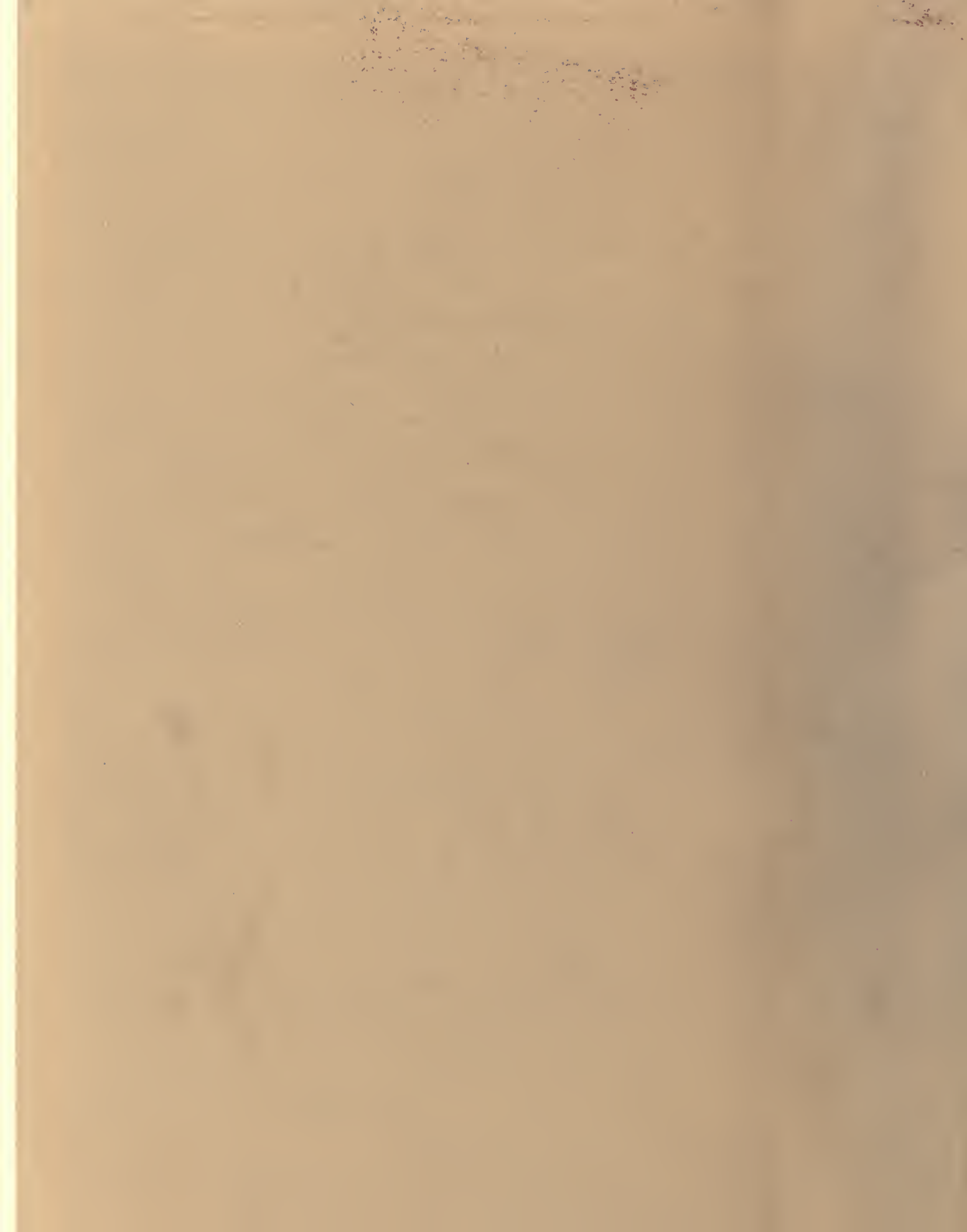
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W.K. Kellogg Health Sciences Library
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Halifax, Nova Scotia B3H 4H7

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770 Bannatyne Avenue
Winnipeg, Manitoba R3E 0W3

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McGill University
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Montreal, Quebec H3G 1Y6
Tel: (514) 392-4341
Envoy 100 Address: PEB.QMMM

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101 College Street, CW 4-2000
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INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

The *Bibliotheca Medica Canadiana* is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library. Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome, preferably in both languages.

La *Bibliotheca Medica Canadiana* a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires travaillant dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées. Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus, de préférence dans les deux langues.

Editorial Address / Rédaction:

Tom Flemming, Editor
Bibliotheca Medica Canadiana
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Telephone: (416) 525-9140 x2321
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Envy 100 Address: T.FLEMMING
Adresse du système Envy 100: T.FLEMMING

Subscription Address / Abonnements:

Canadian Health Libraries Association
P.O. Box 434, Station K
Toronto, Ontario M4P 2G9

Association des bibliothèques des
sciences de la santé du Canada
C.P. 434, Succursale K
Toronto (Ontario) M4P 2G9

PUBLISHING SCHEDULE 1986 - 1987 CALENDRIER DE PUBLICATION:

Deadlines for submission of articles
to the next issue is as follows:

La date limite de soumission des
articles pour le prochain numéro
est la suivante:

volume 9, number 1 12 June 1987

volume 9, numéro 1 12 juin 1987

Indexed In / Indexé Par :

Library and Information Science Abstracts (LISA)
Cumulative Index to Nursing and Allied Health Literature (CINAHL)

MANUSCRIPTS

The editors of *Bibliotheca Medica Canadiana* welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada and to specific theme issues as they occur.

Contributions should be submitted in duplicate and the author should retain one copy. Contributions should be typed double-spaced and should not exceed six pages or 2100 words. Pages should be numbered consecutively in arabic numerals in the top right-hand corner.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

Articles may be submitted in French or in English but will not be translated by the editors or their associates.

Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the *Oxford English Dictionary*; exceptions shall be at the discretion of the editors.

Contributors who wish to submit their work in machine-readable format should contact the editors in advance to ensure that compatible equipment is available in the editorial offices.

REFERENCES

Contributors are responsible for the accuracy of their references.

Personal communications are not acceptable as references.

References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

All references should be given in the Vancouver style; see *Canadian Medical Association Journal* 1985; 132: 401-5.

ILLUSTRATIONS

Any illustrations or tables submitted should be black and white copy camera-ready for print.

Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text.

Illustrations and tables should include appropriate titles.

INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

MANUSCRITS

Les rédacteurs de la *Bibliotheca Medica Canadiana* sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Les articles devraient être remis en deux exemplaires et l'auteur devrait en garder une copie. Les articles devraient être dactylographiés en double espace et ne devraient pas dépasser six pages ou 2100 mots. Prière de numéroter les pages consécutivement en chiffres arabes en haut de la page à droite.

Tout article devrait s'accompagner d'une lettre de couverture fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ou par les associés de la rédaction.

Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'orthographe se conformera à celle du *Robert*; les exceptions à cette règle seront à la discrétion de la rédaction.

Les auteurs qui désirent remettre leurs manuscrits sous forme électronique devraient communiquer à l'avance avec la rédaction afin de s'assurer que l'équipement compatible est disponible aux bureaux de la rédaction.

REFERENCES

Les auteurs sont responsables de l'exactitude de leurs références.

Les communications de nature personnelle ne sont pas acceptables comme références.

Il ne faut citer une référence à un ouvrage inédit que si ce dernier est disponible à une adresse indiquée par l'auteur.

Toute référence devrait être citée selon le style dit de Vancouver; voir le *Journal de l'Association médicale canadienne* 1985; 132: 401-5.

ILLUSTRATIONS

Les illustrations et les tableaux doivent être en noir et blanc, et prêts à l'impression.

Les illustrations et les tableaux doivent être clairement identifiés en chiffres arabes et avoir des renvois clairs dans le corps du texte.

Les illustrations et tableaux doivent comporter des titres pertinents.

Bibliotheca Medica Canadiana News and Notes

The editors of Bibliotheca Medica Canadiana welcome news items from members of the Canadian Health Libraries Association, or any news that may be of interest to members. You are welcome to copy this form in any way for submission; news items too lengthy to fit on this form may be sent to the address shown below.

The copy deadline for volume 9, number 1 is : 12 June 1987

APPOINTMENTS ?	Who	_____
HONOURS ?	What	_____
AWARDS ?	When	_____
	Where	_____
PROMOTIONS ?	Who	_____
MOVES ?	From what	_____
RESIGNATIONS ?	To what	_____
	When	_____
SEMINARS ?	What	_____
WORKSHOPS ?	When	_____
	Where	_____
PUBLICATIONS ?	What	_____
BOOK REVIEWS ?	Where	_____
	Bibliographic citation	_____

ACQUISITIONS ?	What	_____
GIFTS ?	Why	_____
GRANTS ?	Amount	_____
	Donor	_____
TRIPS ?	Who	_____
LECTURES ?	Where	_____
VISITORS ?	When	_____
	Why	_____

PLEASE FEEL FREE TO ADD MORE DETAILS. WHEN YOU RUN OUT OF SPACE,
JUST ADD ANOTHER SHEET.

From _____
Address _____
Telephone _____

Send to: Tom Flemming, Editor
Bibliotheca Medica Canadiana
McMaster University Health Sciences Library
1200 Main Street West
Hamilton, Ontario L8N 3Z5

BIBLIOTHECA MEDICA CANADIANA



The Bibliotheca Medica Canadiana is published 4 times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of contributors and the editor and not the CHLA.

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volume 8, number 4

1987

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FROM THE EDITORS

We have often published papers presented at meetings of health sciences library organizations held around the country in the belief that simply because our membership doesn't all live within easy distance of a meeting there is no reason why they should not benefit from a good paper. That's what an association journal like ours is all about. This issue is a good example of that objective in action. The three papers which form the central matter of this issue were presented at the first annual meeting of the Ontario Hospital Libraries Association (OHLA), held last fall in Toronto. A great many of us were not able to attend that meeting, for a variety of reasons, but with the invaluable assistance of Margaret Taylor, President of OHLA, who prevailed upon the authors to publish their presentations for the benefit of the larger community, we are able to bring you these papers. Of course, publication of the papers from a meeting is no substitute for being there, but even the modern miracle of electronic conferencing hasn't yet provided a solution to that one.

Before the publication of our next issue -- the last one, by the way, under the current editorial direction -- we will be meeting each other in Vancouver at our annual conference. It is to be hoped that readers of this journal will come to that meeting ready to accost the editors with all the comments they have failed to pass on in writing throughout the year. You've probably seen it said many times before that editing a journal is a lonely job. We can repeat that old saw, with feeling, not because we are dazzled by the height of our accomplishments, but because we sometimes wonder if there is anyone out there reading what we struggle to bring into print.

We offer you, proudly, in this issue, the first (and only) *Letter to the Editors* received during our tenure. Feedback is important, and we haven't been getting any from you. How can we improve if we don't know what you think is successful? How can we avoid mistakes if you don't tell us about our bloopers? How can we respond to your needs if you don't tell us what they are? As our *Information for Contributors* says, we think we are "a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada", but we have had no evidence in this past year that we are communicating. We keep churning it out, to use the vernacular, but is there anyone out there reading it? One takes the chance, in writing such an Editorial, of being swamped with the embarrassed (and embarrassing) praise of people thankful not to have to do the same job themselves, provoked into dialogue by guilt. If gratitude is all you've got to offer, we would genuinely like not to hear about it; maintain your silence! On the other hand, if you have comments or criticisms that could improve our journal (supposing that the editors could be brought to appreciate their significance), pass them on. We will be at your mercy in Vancouver. If you've ever wanted to make us squirm, your chance is coming!

One reader we know scours the pages of every issue, and does it more than once; this is our proofreader and colleague, Liz Bayley. Her dedication to our cause is manifest in every error-free page, but her reward seems to consist of mediocre lunches at a nearby eatery of questionable renown (what won't folks do for a free lunch)!

Tom Flemming
Editor

Lynn Dunikowski
Assistant Editor

LETTER TO THE EDITORS

Dear Editors,

There is an old adage about your past catching up to you (looking at my waistline, I think it has not only caught up, but is starting to forge ahead). My past, as first editor of *Bibliotheca Medica Canadiana* (BMC), recently caught up to me in the form of an ILL request from the National Library of Medicine (you'll notice that I spelled out that name in full rather than using the acronym, "NLM". This is partly because I left the health library field in 1980 and now, as a lowly outcast wandering in the just desserts, I am no longer qualified to use the holy jargon, and partly because I'm now so inundated with combinations of funny letters that I'm no longer sure what any of them mean. The last time I heard "NLM" was when my youngest daughter was reciting her alphabet).

Anyway, back to the ILL form which is the starting point of this letter. The request for the 1984 article on occupational health and safety libraries in BMC was addressed to me as the editor of the publication, rather than as the author of the article. (While producing the BMC, I never once got a request for copy of an article I wrote myself -- though I did get lots of requests that I stop writing them. (Some people thought I interrupted my pieces with too many parenthetical asides. (But I never thought so!))).

This started me pondering the question: were they contacting me because there is no record of any library holdings of the BMC? or did the request arise from an internal policy which allows them to expedite matters by contacting the editor/publisher directly? And, if that is the case, where does that place the A.L.A. Interlibrary Loan Code and all the traditions that libraries are sworn to uphold? (or were they contacting me because of my fierce devotion to hoarding every scrap of paper published that has my name on it?).

I was also left wondering whether libraries in Canada (or elsewhere) report their holdings of the BMC to national union lists. Do they proudly admit that they foster and preserve such fledgling healthy literature, or is it hidden away and its existence denied (closeted in a back room as a guilty secret beside dog-eared copies of old Harlequin romances. . .)? It boggles the mind . . .

Happily, the Medical Library at the University of Manitoba does hold the BMC and was able to fill the request quicker than you can say "glomerulonephritis" (which, in my case, takes about 30 minutes).

Even more happily, I note that BMC has improved dramatically (partly my doing -- I left ample room for it) in the years since my departure and shows every indication of continuing to thrive and to improve in quality, despite minor setbacks (such as this letter). Congratulations on a fine publication!

Patrick J. Fawcett
Systems Coordinator
University of Manitoba Libraries

A WORD FROM THE PRESIDENT

Dorothy Fitzgerald

Director, Health Sciences Library
McMaster University
Hamilton, Ontario

I am pleased to have this opportunity to announce that we have a new CHLA/ABSC chapter. The Central Ontario Health Libraries Association (COHLA) earlier this year applied for chapter status with the Canadian Health Libraries Association and Board members were unanimous in their approval. COHLA covers a large area of the province of Ontario, extending to Owen Sound in the west, Huntsville in the north, Peterborough in the east and to the northern limits of Toronto in the south. The current executive of COHLA are Ms. Betty Bishop (Grey Bruce Regional Health Centre, Owen Sound) as Coordinator and Ms. Pat Heatley (Mental Health Centre, Penetanguishene) as Secretary. Congratulations to all members of COHLA; we look forward to close collaboration with you over the years. Jan Greenwood (our President Elect) and I hope that we will have an opportunity to meet with this new chapter in the very near future.

We are presently in communication with another group which is interested in applying for chapter status. I anticipate that we will be in a position to announce this new chapter at the time of the Annual General Meeting in Vancouver. I see these developments as an important indication of the strength of our association and I hope that other groups will be encouraged to consider this step.

In my report on the CHLA/ABSC strategic planning process in the last issue of *Bibliotheca Medica Canadiana*, I referred to the Board decision to contract out selected association business tasks as a first step toward establishing a much-needed permanent CHLA/ABSC Secretariat. At this time, I would like to announce that we have awarded this contract to Dorothy Davey, a member of our association and a very active member of the Toronto Health Libraries Association. Dorothy plans to attend the CHLA/ABSC conference in Vancouver in May, so many of you will have an opportunity to meet her at that time. Please note that in conjunction with this development, we now have a new postal address for association business. The new address is:

Canadian Health Libraries Association
P.O. Box 434, Station K
Toronto, Ontario M4P 2G9

Association des bibliothèques des
sciences de la santé du Canada
C.P. 434, Succursale K
Toronto (Ontario) M4P 2G9

CISTI will soon be advertising and interviewing for a new Head of the Health Sciences Resource Centre, to replace Marilyn Schafer who recently took up a position in Toronto. I am pleased to report that, as President of CHLA/ABSC, I have been asked to be the external member on the selection committee.

This is my last *Word from the President*. My next opportunity to address our membership as CHLA/ABSC President will be at the annual conference in Vancouver. I always enjoy visiting "Lotus Land" and I look forward to seeing many of you there.

QUELQUES MOTS DE LA PRESIDENTE

Dorothy Fitzgerald

Directrice, Bibliothèque des sciences de la santé
McMaster University
Hamilton (Ontario)

C'est avec plaisir que je vous informe de l'adhésion d'une nouvelle section régionale à l'ABSC. L'Association des bibliothèques de la santé de l'Ontario centrale (ABSOC) a demandé au début de l'année à adhérer à l'Association des bibliothèques des sciences de la santé du Canada; les membres du conseil d'administration ont accepté sa candidature à l'unanimité. L'ABSOC couvre une large partie de la province de l'Ontario: elle s'étend à Owen Sound dans l'ouest, à Huntsville dans le nord, à Peterborough dans l'est et aux limites nord de Toronto dans le sud. Le comité de direction de l'ABSOC est composé de Mme Betty Bishop, coordonnatrice (Centre régional de la santé de Grey Bruce, à Owen Sound) et Mme Pat Heatley, secrétaire (Centre régional d'hygiène mental, à Penetanguishene). Nous offrons nos félicitations à tous les membres de l'ABSOC et comptons sur une collaboration étroite au fil des années. Jan Greenwood (notre présidente désignée) et moi-même espérons avoir l'occasion de rencontrer les représentants de cette nouvelle section dans un avenir très rapproché.

Nous sommes actuellement en pourparlers avec une autre groupe qui envisage d'adhérer à l'ABSC. Je compte être en mesure d'annoncer l'adhésion de ce nouveau groupe lors de l'assemblée générale annuelle à Vancouver. A mon avis, ces faits attestent de la vitalité de notre association, et j'espère qu'ils encouragent d'autres groupes à suivre la même voie.

J'ai fait rapport dans le dernier numéro de *Bibliotheca Medica Canadiana* du processus de planification stratégique de l'ABSC, et j'y ai fait état de la décision du conseil d'administration de passer des contrats pour l'exécution de certains aspects du travail de l'association. Ceci constituerait le premier pas vers la création d'un secrétariat permanent de l'ABSC, dont la nécessité est évidente. J'aimerais à ce propos annoncer que nous avons donné ce contrat à Dorothy Davey, qui fait partie de notre association et qui est un membre très actif de l'Association des bibliothèques de la santé de Toronto. Elle a l'intention d'assister à la conférence de l'ABSC, à Vancouver, et ceux qui y assisteront auront donc l'occasion de la rencontrer à ce moment. Indiquons à cet égard que tout le courrier de l'association doit désormais être envoyer à notre nouvelle adresse:

Canadian Health Libraries Association
P.O. Box 434, Station K
Toronto, Ontario M4P 2G9

Association des bibliothèques des
sciences de la santé du Canada
C.P. 434, Succursale K
Toronto (Ontario) M4P 2G9

L'ICIST annoncera bientôt, à la suite du départ de Marilyn Schafer, qui a récemment accepté un nouvel emploi à Toronto, qu'il est à la recherche d'une personne pour la remplacer au poste du chef du Centre bibliographique des sciences de la santé.

J'ai le plaisir de vous informer qu'on m'a invitée, en ma qualité de présidente de l'ABSC, à siéger au comité de sélection comme membre de l'extérieur.

C'est la dernière fois que je m'adresse à vous dans la rubrique *Quelques mots de la présidente*. La prochaine fois que je m'adresserai aux membres en tant que présidente de l'ABSC sera à l'occasion de l'assemblée annuelle de Vancouver. Je suis toujours heureuse de visiter "Lotus Land", et je compte sur le plaisir de vous y rencontrer en grand nombre.

* * * * *

FROM THE BOARD

REPORT FROM THE CHLA TASK FORCE ON HOSPITAL LIBRARY STANDARDS

Jan Greenwood, Chair
CHLA Task Force on Hospital Library Standards

Manager of Library Services
Ontario Medical Association
250 Bloor Street East, Suite 600
Toronto, Ontario

The Task Force members (see *Bibliotheca Medica Canadiana* 1987; v.8(3): 150) are currently working towards establishing their terms of reference for a project which is likely to take two years to complete. The terms of reference should be ready before the CHLA Annual Meeting in May and will be published in a future issue of *Bibliotheca Medica Canadiana*.

To set the process in motion, each member of the Task Force has been asked to complete a two-page questionnaire in which, it is hoped, common goals and objectives will be clarified. Should other CHLA members wish to answer the questionnaire, they may do so by contacting the Chair at the OMA Library.

Apart from the *Canadian Standards for Hospital Libraries*, the Task Force will also be reviewing, initially, the standards published by the Canadian Council on Hospital Accreditation, those of the Medical Library Association, and those of the New York State Library (the "Albany" standards) for hospital libraries in New York State. CHLA members who are interested in this project should read these documents and forward their comments on format or content to the Chair.

* * * * *

CONTINUING EDUCATION

GETTING THE MOST OUT OF ELECTRONIC MAIL

Ann Barrett
Interlibrary Loans Librarian
W.K. Kellogg Health Sciences Library
Dalhousie University
Halifax, Nova Scotia

Electronic mail (EM) is a computer based messaging service which was introduced in Canada in 1983 and has steadily gained ground in libraries ever since. The advantages of speed and efficiency, combined with the large number of library subscribers, make electronic mail an invaluable tool in several library areas. The most immediate and obvious impact of electronic mail has been in the areas of interlibrary loan and in management/administration. Some of the major advantages over other messaging systems (Canada Post, Telex, etc.) are:

- ILL
- delivery time is reduced through immediate message transmission
 - 'status of item' inquiries are much faster
 - staff typing time can be reduced by pre-storing data (such as addresses)
 - editing of messages is possible (unlike Telex)

ADMINISTRATION

- management tool for fast communication is provided
- large number of people can be reached quickly and easily

- GENERAL
- messages of any length can be composed and uploaded from any word processor
 - incoming messages can be downloaded for easy storage and even for subsequent word-processing

Access to EM is easily arranged through the companies offering it and requires only the standard communications equipment (terminal or microcomputer plus modem or a word-processing station with communications capabilities). Libraries that do not yet have computer equipment may find that arguing the advantages of access to EM may help to justify computer acquisition to administrators.

ACCESS TO EM IN CANADA

In Canada, EM has been dominated by Telecom Canada's Envoy 100 system which is marketed through the telephone company in each province. It is the only messaging system offered publicly through Datapac. Both its ease of access and its large number of subscribers have reinforced this position of dominance. Other systems do exist in

Canada, but generally, they require the user to subscribe to another major service (such as UTLAS), or have access to a mainframe computer (as is the case with NetNorth). These prior conditions restrict the number of users one can reach on such systems.

Systems such as iNet and Infohealth, on the other hand, have absorbed Envoy 100 into their services, rather than developing their own messaging systems, and have assigned its use a different pricing schedule than that used by Telecom Canada and the telephone companies which offer the stand-alone service. The table below shows the costs involved in EM on several of the systems already mentioned; it must be pointed out that the first two (iNet and Infohealth), although they incorporate EM services, are set up to perform other electronic communications functions entirely.

iNet (Envoy 100)	Infohealth (Envoy 100)	Envoy 100	Netnorth
\$50.00 registration	\$250.00 registration	\$25.00 onetime	N/C
\$3.00 per month	\$24.00 per month	\$ 3.30 per month	
\$15.00 per connect hour	\$15.00 per connect hour	\$.35 for every 1000 characters	

Selecting the most appropriate EM service for a library depends largely on institutional requirements and on the services already available in the institution and cannot always be determined solely on the comparison of costs as shown above (NetNorth, for instance, is only available at academic institutions).

ADVANCED ELECTRONIC MAIL FEATURES

There are a number of functions in EM that are particularly useful to library staff. These features can make regular day-to-day messaging faster, easier, and more cost-effective. Some are very easy to implement (scripts, stored addresses) others require some preparation and investigation (messaging to NLM and BLLD, uploading in batch). Two of the most useful functions are summarized briefly below.

1. Storage of text for ongoing use

This function is particularly useful for storage of frequently used addresses which can be automatically inserted into ILL requests. To set up the text for storage in Envoy 100 enter:

```
Edit [name]
  Insert
    10 [text]
    20 [text]
  . CR
  save as [name]
```

To call up this saved information into the body of a message enter:

```
.copy from [name]
```

2. Scripts

Scripts (or prompts, such as *Address of borrowing library*:, *Title of book*:, *Publisher*:, and the like) can be a useful tool, particularly in interlibrary loan. Envoy 100 will set up a script free of charge to your specifications. Scripts are not a requirement in ILL (except for libraries like CISTI that require incoming ILL's be in their script) but they may be desirable in libraries that have low volume ordering and find prompts a useful reminder. They may also be useful when training ILL staff in the basic requirements and protocols. Scripts do increase the cost of ILL however; users pay for the prompts as well as for the text of their requests.

ELECTRONIC MESSAGING TO THE NATIONAL LIBRARY OF MEDICINE AND THE BRITISH LIBRARY LENDING DIVISION

Currently, the only means of electronic access to the National Library of Medicine (NLM) and the British Library Lending Division (BLLD) from Canada is through an Envoy-Telex/TWX connection. Envoy 100 offers an international service for access to Telex and TWX machines. After trying it on several occasions at the W.K. Kellogg Health Sciences Library, however, we found that some of our requests were not being received! Messages lost in electronic limbo, of course, amount to wasted time and expense and much confusion!

To increase the reliability of this service, a third party, called Textran, acts as an interface between Envoy 100 and international Telex/TWX machines. Information on (and registration in) Textran is available through Envoy 100 by typing "C TEXTRAN". The service is simple to use and no registration fee or monthly charge is levied; you pay as you go. If you wish, Textran will assign you an answer back Telex number (for a monthly fee of \$25.00). This is not necessary, however, for ILL purposes.

Textran has proved reliable in messaging both the NLM and the BLLD, and sends confirmation of message delivery the following day. A Textran user manual is available from:

Textran Technology Inc.
2055 Peel St., Suite 250
Montréal, Québec H3A 1V4

Telephone: (514) 842-9700

It is important to note that the BLLD requires that requestors have arranged a deposit account prior to using EM for ordering. The NLM does not require a deposit account, but such accounts are available, if desired, from NTIS. It is also important to contact both the BLLD and NLM for brochures on their required messaging formats.

NLM and BLLD Telex/TWX numbers, including international country codes:

NLM TWX: UQ7108249615

NLM TELEX: UQ3014921817

BLLD TELEX: GG557211

UPLOADING INTO ELECTRONIC MAIL

"Uploading" is the introduction of a text file, created elsewhere (commonly, in a word-processing system), into an online system (such as EM) which will transmit it to another destination. The key to successful uploading to EM is insuring that all messages are in ASCII (American Standard Code for Information Interchange) format prior to delivery. Many word processors automatically save all files in ASCII format, others only use ASCII when a file is printed rather than saved to a disk. It is important to establish how your word-processor saves and prints files ahead of time if you want to upload messages created in your word-processor to an EM system.

Uploading from a word-processor has several advantages over the creation of your message in an online system:

- * Composing long messages while signed on to a system via Datapac invites the possibility of being dropped, mid-message, and losing all your hard work.
- * Envoy 100 charges for creating a message in the system, then again for sending the same message. Uploading from a word-processor eliminates the initial charge, thereby cutting costs in half.

Actually uploading the message through a communications package usually requires only a single key stroke to begin and end the process. Uploading can begin once you are in the text field, or even before, if you include proper field details.

NON-INTERACTIVE MODE (ASCII)

A non-interactive mode is available from Envoy 100 for advanced users who require limited commands. The advantages of the non-interactive mode are:

- * users are charged less for abbreviated prompts

- * batch mode is available, which means that a large number of messages can be sent or uploaded at once, each individual message going to an individual recipient. (Again, uploading avoids the system charge for creation of the message online.)

The non-interactive mode requires a separate computer address (79400901), and a separate user manual which is available from Envoy 100.

EM DEVELOPMENTS TO WATCH

New international agreements between Telecom Canada and communication networks in the U.S., U.K. and other countries are in the works. Currently, an agreement in standardization exists between Telecom Canada and GTE Telenet (Telemail). This allows direct access to U.S. subscribers of Telemail; NLM has Telemail addresses, but will not, currently, accept ILL requests via this system. As these new agreements become available, access to NLM and BLLD will probably be simplified, and a third party will probably no longer be necessary. This may happen as soon as 1988.

Telefacsimile on Envoy 100 will soon be available for those who have a facsimile machine available. Sending facsimile via Datapac will be cheaper than the current method of sending it long distance. This should cut facsimile charges radically.

CONCLUSION

These are a few of the refinements in EM that have proved of practical use in the library setting. Readers who have other useful tips about day-to-day electronic messaging are invited to send them to the CE Coordinator so that they can be shared with our readers in future CE columns.

* * * * *

CHLA / ABSC 11th ANNUAL MEETING, 24 - 27 MAY 1987

Holiday Inn Harbourside, Vancouver, British Columbia

Preliminary Programme

Theme: *Maximizing resources: management, marketing, people, priorities.*

Saturday, 23 May 1987

To be announced

Board of Directors meeting

Sunday, 24 May 1987

08:00 - 09:00

Registration

CONTINUING EDUCATION COURSES

09:00 - 17:00

CE13

Collection Development: Strategies and Issues in Health Libraries

Jeanette Buckingham, Collections Coordinator
John W. Scott Health Sciences Library
University of Alberta, Edmonton

Margaret Taylor, Director of Library Services
Children's Hospital of Eastern Ontario, Ottawa

09:00 - 12:00

CE14

Optimizing Online Searching Efficiency on
MEDLARS/BRS/DIALOG

Terry Ann Jankowski, Reference Librarian
University of Washington Health Sciences Library
and Information Center, Seattle

14:00 - 17:00

CE15

Online Reference in the Health Sciences: Integrating and
Searching Skills on Various Systems and
Databases

Jim Henderson, Online Services Coordinator
Woodward Biomedical Library
University of British Columbia, Vancouver

CHLA / ABSC Preliminary Programme May 1987

17:00 - 18:00 Registration

19:00 - 21:30 McAlinsh Welcoming Reception and Whale Show, Vancouver
 Aquarium -- CASH BAR

Monday, 25 May 1987

08:00 - 12:00 Registration

09:00 - 09:15 WELCOME -- Margaret Price, President, HLABC
 Dorothy Fitzgerald, President, CHLA/ABSC

09:15 - 10:15 KEYNOTE ADDRESS: *Building Human Relationships: the Art of
 Communicating* -- Karen Harrison, Consultant
 K. Harrison and Associates, Vancouver

10:15 - 11:00 EXHIBITS OPENING -- Coffee in Exhibits Area

11:00 - 12:00 PERSONNEL MANAGEMENT SESSION: *Unlocking Human Potential:
 the Key to Motivation* -- Peter Frost, Ph.D.
 Faculty of Commerce and Business Administration
 University of British Columbia

12:00 - 14:00 Lunch

14:00 - 15:30 MANAGEMENT PANEL -- Moderator: Heather Keate, Assistant
 Librarian, University of British Columbia

 Maximizing Resources:

<i>Balancing Budgets</i>	Derek Francis, Kwantlen College
<i>Marketing Services</i>	C. William Fraser, BCMLS
<i>Weighing Priorities</i>	Margaret Taylor, CHEO

15:30 - 16:00 Coffee in Exhibits Area

16:00 - 17:00 MEDICAL RESEARCH SESSION: *Engineering Genetic Change* -- Dr.
 Michael Smith, Director, Biotechnology Centre
 University of British Columbia

19:00 - Banquet -- Holiday Inn Harbourside

CHLA / ABSC Preliminary Programme May 1987

Tuesday, 26 May 1987

- 08:00 - 12:00 Registration
- 09:00 - 10:30 TECHNOLOGY PANEL -- Moderator: Jim Henderson, Online
Services Coordinator, University of British Columbia
- Evaluating Technical Support: Getting the Most out of the
Machine
- | | |
|------------------------|---|
| <i>CDROM</i> | William Maes, University of Calgary |
| <i>Barcoding</i> | Paula Pick, B.C. Institute of
Technology |
| <i>Telefacsimile</i> | John Cole, University of British
Columbia |
| <i>Copy Control</i> | Dorothy Fitzgerald, McMaster
University |
| <i>Electronic Mail</i> | Tania Gorn, IBIS Information and
Research Services |
- 10:30 - 11:00 Coffee in Exhibits Area
- 11:00 - 12:00 PUBLIC SERVICES SESSION: *Revising Copyright Law: the
Impact on Your Library* -- A.A.(Frank) Keyes,
Department of Communications, Ottawa
- 12:00 - 13:30 Lunch
- 13:30 - 14:30 Annual General Meeting
- 14:30 - 15:30 CHLA / ACMC Survey Report: *Health Sciences Collections and
Services in Canada* -- M.A. Flower, Project Officer
- 15:30 - 16:00 Coffee in Exhibits Area
- 16:00 - 17:00 CISTI Update

Wednesday, 27 May 1987

- 09:00 - 17:00 CE16 (MLA 258) Planning: Strategic and Tactical
- Robert Braude, Assistant Dean and Director of
Libraries
Cornell University Medical College
New York, N.Y.

To Be Announced Board of Directors Meeting

THE IMPORTANCE OF MEASURING LIBRARY EFFECTIVENESS

Margaret Beckman

Executive Director for Information Technology
University of Guelph
Guelph, Ontario

Introduction

I am very pleased to join you in your conference, as you consider library effectiveness and its measurement in a hospital environment¹. My interest in hospital libraries and in health care information services is much less superficial than your Chairman supposed, because of a rather extensive involvement which I had fifteen years ago with the Ontario Council of Health. The Council had initiated, at that time, a massive project to address all areas of health care delivery in the province, and I served as a member of one of the sub-project teams which studied health care information systems. The committee spent three years, meeting monthly, and visited numerous hospital libraries. We finally recommended an hierarchical health care information system which consisted of three levels of service within each of eight provincial regions:

- i) the community hospital library
- ii) the teaching hospital library
- iii) the academic health sciences library.

The committee developed standards for the collection size and components at the three hospital library levels, as well as for staff qualifications and numbers, and for the various services to be offered. A telex and truck delivery system which would move the required information to its destination was also planned.

Unfortunately, the plan never came to fruition. Vestiges of our concept were put into place in some regions informally; for example, the system centered at the McMaster University Health Sciences Library, and another one in Wellington County based on the University of Guelph Veterinary Science Library. But the general concept of a structured and organized approach to the provision of quality health care information services, based on a network of hospital libraries from one end of this province to another was never realized.

I think that the reason that the report of the Health Care Information Systems Group failed -- the lack of importance attached to the provision of hospital library/information services -- relates very much to the topic you are addressing at

¹ This paper was given as the keynote address at the first annual meeting of the Ontario Hospital Libraries Association (OHLA) on 28 October 1986 at the Women's College Hospital in Toronto, Ontario. The theme of the meeting was *Measuring Library Effectiveness*.

this conference: the importance of measuring library effectiveness. My assignment is to present that topic in a theoretical framework and to relate it to overall library administrative planning.

Library Effectiveness

It is impossible to talk about measuring library effectiveness unless one begins by identifying two things:

- i) the library user and his/her information needs
- ii) effective library/information services.

Hospital Library Users

Hospital libraries serve a diversity of health care practitioners, from pharmacists, nurses, dieticians, therapists and technicians to physicians, either in training or in practice. Using the physician to represent this array of users, the following scenario can be identified:

"Physicians see patients presenting problems; they form hypotheses, collect data, analyze data, test hypotheses, design treatments, and monitor responses to treatments."² In addition, on the basis of the activities or experiences just described, some physicians, especially those who are adjunct faculty members in teaching hospitals, "develop theories, derive inferences, design experiments, collect and analyze data, test theories, write papers, make presentations, maintain bibliographies, and read papers; this leads to more theories."³

Not a great deal is known about the way physicians acquire and use information to solve the problems they identify in their practice. In general,

"physicians seek information to refresh their memories about specific conditions; to seek validation of a technique; to find new treatment modalities, or to continue their education. The nature of health care practice requires that reliable information be available quickly, in easily comprehended and digestible formats, and at the place where it is needed."⁴

Physicians keep up-to-date, as a rule, by scanning at the most two or three of what can be called the core journals: the *Canadian Medical Association Journal*, the *British Medical Journal*, as well as two or three specialty or professional journals. A recent survey indicated that, surprisingly, a considerable amount -- up to 25% -- of general medical information is acquired by physicians from the popular press (the *Globe and Mail* section on medicine, for example). Specific information is usually sought, in order of preference:

² Matheson NW, Cooper JAD. *Information in academic health centers: library roles. Journal of Medical Education* 1982 October: 57: 32.

³ Ibid.

⁴ Ibid.

- * from an office collection
- * through consulting a colleague
- * through seeking an expert opinion, or
- * by using a library.

However, whatever the difference in the information source or medical specialty, it has been universally found that physicians, like many other scientists, have little time for reading. This problem has been addressed in several ways, from the short information audio cassettes on different topics available from various medical associations for physicians to use as they travel to the hospital, clinic or to visit a patient, to the aborted effort of the Council of Health which was described earlier. The slow diffusion of medical information which results from the low reading syndrome is illustrated by the number of instances of ineffective treatments being prescribed, often ten years after publication of studies demonstrating that ineffectiveness.⁵

If this is a quick description of an important category of library users and their information needs and use, what are the characteristics of hospital library services which could change that pattern and which could make them effective?

Effectiveness in Library/Information Services

I have identified seven variables which, I feel, impact on the effectiveness of library/information services:

i) Availability

In the first place, information must be available. This not only means that the hospital library has purchased the medical texts and subscribed to the appropriate journals, but that those desired items are either in the library in a retrievable location, or that the system knows where they are and can get them. It also means that the facility that houses the information containers -- the books and journals, documents and audio cassettes -- must be open an appropriate number of hours, secure against material disappearing in unrecorded fashion, and with staff available to assist in locating material or making it available, if this is a problem.

ii) Accessibility

Second is accessibility. In order to be effective, information has to be readily accessible, and this implies that there must be some sort of access mechanism involved. Traditionally, librarians have assumed that this was a catalogue, and our perceptions of how to present this catalogue have progressed from sheaf to book, to card, to fiche, to online.

New technologies have enhanced that accessibility so that it now encompasses not only access to materials within our own library, but to the resources of other libraries or to databases of medical/scientific information not necessarily held in libraries. This, of course, implies that the library must be part of the expanded resource base, either by belonging to a regional network or by subscribing to information retrieval services.

⁵ Ibid., p. 33.

iii) Reliability

Information is useless unless it is reliable, and in no field is this more valid than in the field of the health sciences. In fact, this is so self-evident that it need not be further explained.

iv) Relevance

Equally obvious is the need for information to be relevant if it is to be effective. Information that is peripheral to a topic in the medical sciences is unacceptable: a discussion of hepatitis in cows or in adults in a tropical country may not be directly relevant to the case of a child with hepatitis in southern Ontario.

v) Timeliness

Timeliness of information is also a readily apparent effectiveness factor, and this can apply in two ways. First, the material may be relevant -- it may, in fact, be about hepatitis in southern Ontario -- but it may be in a journal that is more than 20 years out-of-date. Or, the library may identify relevant information not available within the local resources, and it may be retrieved via conventional interlibrary loan too late to be useful.

Two more characteristics which are in a slightly different category than the first five relate to how information is used.

vi) Portability

The first of these is portability. There may be information that has been accessible and available, is both relevant and timely, and yet it can't be used effectively because it is in an unacceptable or difficult format. The journal is too large to use comfortably and the physician (that representative patron) wants to take it out of the library. But even that isn't as useful as the ability to carry the information easily to another, preferable location. So, this implies that a photocopy machine for print resources, a reader-printer for microfilm or microfiche and a remote printer (such as the LaserJet) for online retrieval of information will all be needed to provide effective use of information, even if it meets the first five criteria.

vii) Environment for Use

Finally, a particular environment for use may also be necessary within the library, if effective use is to be made of the information. This can relate to a variety of factors:

* space -- is there enough space for users to work comfortably ?

* reader facilities -- are the user stations appropriate for use; are they big enough to allow a spreading out of material, or to permit a terminal to be used in addition to the writing/reading work surface? As well, of course, there will be a need for electric and communications outlets in the user work station, and the capability for provision of task lighting with dimmer control.

* audio/visual distractions -- is the library quiet? Are user stations placed so that users are not distracted by the talking of other users or by staff operations?

* staff -- are the staff available, knowledgeable and pleasant?

There are, undoubtedly, other criteria which could be mentioned, but these seven illustrate what I mean by characteristics of effectiveness. Having identified these, it is now possible to discuss their measurement.

Measurement and Its Importance

Other speakers on your program will be providing you with specific methodologies for measuring effectiveness. I am going to identify, briefly, the data which must be collected through normal library processing functions or special surveys in order to provide the basis for that measurement. In most instances, that data already exists, or should exist, in your library.

i) Availability

There are a variety of library records that can assist in measuring the availability factor:

-- Borrowing records identify where the material is, if out on loan; obviously these should always be maintained.

-- ILL records, interestingly enough, will identify the many items you didn't have.

-- Reserves or holds, if you keep such records, can also provide an indication of material needed, perhaps in more copies, or to be placed on limited loan.

-- Head count of users is also a useful measure to record from time to time, to give an indication of use at closing time (for example). A turnstile with an automatic counter, of course, can do that very easily. If there are twelve seats in the library, and ten people leave at closing time, you can suspect that longer library hours could be considered.

ii) Accessibility

Measuring the success of the catalogue, whether card or online, has never been easy. Most people don't like to admit or don't even know when they have been mistaken in their use of the catalogue. A questionnaire beside the card catalogue, or built right into the online system, is the most effective evaluation scheme. Interviewers used in conjunction with the questionnaire are even more effective.

iii), iv) & v) Reliability, Relevance and Timeliness

Reliability, relevance and timeliness are three factors which can't really be measured by library records. Their measure will be a subjective judgement by the

knowledgeable user. A sampling in a user survey would be the best measurement tool for these characteristics.

vi) Portability

Portability is not as important but at least one record is easy to maintain: the number of copies made in the library from print, microform or machine readable databases. This data will give some idea of the number of items which were wanted outside the library itself.

vii) Environmental Factors

Many of these physical facility considerations can be measured against standards. For example, the standard for hospital libraries in a community serving a certain number of people suggests that you should subscribe to X journals and have a base collection of Y items. The standards also suggest how much space is needed to house that collection; how many reader stations would be appropriate; what light levels are recommended, etc. The data necessary for such measurements are not difficult to obtain.

With this brief identification of the data needed for measurement, and of the methods most appropriate for their collection, it is now time to address the issue of why we are considering all of this. Why is it important to measure library effectiveness? What is the purpose?

Importance of Measurement

There may be several more, but I have identified five factors that I would like to suggest in this area. Measuring the effectiveness -- or lack of effectiveness -- in a library allows you:

1. To identify a record of achievement or a level of success. To do this, the data gathered or the records maintained are compared with:

- data/records of the library in previous years
- standards, or an ideal situation
- data/records from other libraries.

2. To justify a need for funding.

The record of achievement which is obtained from the comparisons just indicated should provide the justification for increased funding. Factual data indicating, for example, that the library is below standards in every factor measured, is the best evidence available to support a request for more funds for the library.

3. To provide a basis for change.

The measurements outlined earlier should indicate to the library staff that change may be needed. Although more funding may be required, many changes can frequently be made to improve effectiveness independent of funding. If nothing else,

the measurement process should indicate which data were not easily available, and which library records should appropriately be maintained. Among the changes which the measurement process may have highlighted could be the need for:

- larger collections, particularly serials
- longer hours of opening
- more space and better user facilities
- more equipment
- more staff
- more online databases
- a library automation programme.

4. To publicize success or failure.

The measurement process should also provide the basis for a public relations programme for the library. If the measurement shows the library to be highly successful when compared either to standards or to other libraries, then it is a good promotional tool to encourage other patrons to find the library and to use it; nothing succeeds like success. If, as is more likely the case, the measurement indicates a very poor showing -- too little space, not enough books or journals, too few staff, or no database retrieval services -- the publicity might persuade a few of your users (the physicians, for example) to support the request for extra funding.

5. To provide objectives for service.

No library can or should be operated without service objectives. The process just described -- identifying the factors, collecting appropriate data, measuring against time, standards and data from other libraries -- should provide the basis for the definition of concrete objectives for overcoming the deficiencies identified in the measurements. These objectives are part of the planning process.

Measurement of Library Effectiveness and the Planning Process

Although this presentation began with a discussion of library effectiveness and how to measure it, in actual fact, the objectives are the first step in the planning process. Most organizations have a mandate or mission statement which provides the framework within which they operate. For instance, the mission of a university is to create and to disseminate knowledge through teaching and research. The mandate of the academic library, as a part of the university, is to meet the information needs of the university in its teaching and research mission.

It could be suggested, therefore, that a broad mission or goal statement for a hospital library would be to meet the information needs of the health care practitioners within the hospital system served by the library. Such a statement is, of course, meaningless unless it is translated into specific objectives of service and the operational functions required to meet them.

Definition of Objectives

Working from the broad mission or goal, the library defines specific objectives through which it accomplishes its mandate. One objective could be to provide a collection of books, journals, non-print media, etc., appropriate to the information needs of a particular hospital. A second objective could be to organize the collection and provide access to it in the most efficient and effective manner possible. Every function or activity in the library should relate to some specific objective.

Planning Function

Moving from the objectives, the library then plans the functions and activities and allocates staff and other resources to them so that the objectives can be met. It should be obvious that, at this point, priority setting becomes part of the process because invariably, there are insufficient resources to achieve all objectives equally. It may be expedient to reduce the objective established for the collection size, for example, by allocating more resources to another activity such as interlibrary loan. In planning each function, it is important to remember that it will have to be measured, so the function should be designed with transparent data collection mechanisms inherent in that design. Automation lends itself, ideally, to this concept.

An automated circulation system not only keeps a record of which book went out to whom on what day, but it also stores data about how many times a book is circulated, at what hour of the day, and how long before it is returned. The system can also analyze what books did not circulate, and further, what classifications of books circulated most or least frequently (or didn't circulate). This is all inherent in an automated system.

As part of this planning and functional design process, it should also be recognized that procedural manuals which define the record keeping activities and which will lead, in turn, to the data collection should also be prepared. There should be a logical sequence from objectives to functional operations to their measure of effectiveness.

Standards

And finally, since this brings us back to measurement, we must also define the standards against which we plan to measure: how many volumes? how many square feet? how long to receive an I.L.L.? Some of these standards may be in the form of an objective itself, such as reducing the length of time to receive an I.L.L. request from three weeks to two, but it is still a standard against which the effectiveness of the objective of service which you have set can be measured.

Conclusion

It is all very simple; it is important to measure library effectiveness because, in reality, a library can't operate unless that is done. To accomplish that measurement, you must first know what constitutes effectiveness within the framework of the objectives established for your particular library. You must also plan the methods by which you will collect the data to conduct the measurement process, and identify the standards against which the data from your operations and services will be measured.

If libraries existed in a static world, that statement would be sufficient. Unfortunately, that situation does not obtain, and that is the problem. I would be doing you all a disservice if I didn't say a few specific words about the implications of information technologies and the changes that you and your libraries will face as you implement your effectiveness measurements.

Nina Matheson, one of two authors of an important study jointly sponsored by the U.S. National Library of Medicine and the American Association of Medical Colleges entitled *Academic Information in the Academic Health Sciences Center: Roles for the Library in Information Management*⁶, feels that the libraries in the health care sector and the librarians who staff them are facing a real challenge for these reasons:

1. Information is being deinstitutionalized; it is separated from the organizations with which it has been associated and is now interactive; you don't have to go to a library to read a journal article, nor do you have to make a copy from the hard print.

2. Communications networks have made it possible to have individual access to information, independent of the institutional or organizational affiliation.

3. As more occupations are perceived as information intensive, work quality and productivity depends, increasingly, on work stations that can access and use data from multiple sources. Data processing centres are no longer the answer; we need data management tools.

4. Compact disk technology -- the newest development on the scene-- makes it possible to store and retrieve text and images in enormous quantities, cheaply, so that within a few years each physician or health care worker could have his or her working library on compact disk in his or her office. They could also have the library catalogue in the same format.

5. And finally, the microcomputer is making it imperative for anyone attempting to do serious professional work to assume that within the next

⁶ Matheson NW, Cooper JAD. *Academic information in the academic health sciences center: roles for the library in information management*. *Journal of Medical Education* 1982 October; 57(10), part 2: 1-93.

five years, a home microcomputer will be as essential as a telephone.⁷

With these changes in mind, it is essential for librarians to re-examine their basic assumptions and define new strategies. Libraries may be automating, but most of the time it is to do the same things better and faster, rather than developing new responses more in keeping with the changes that have been described. Instead, we should be recognizing that the new health care professionals who will be needing information will not necessarily be expecting to go to the library for it. They will consider databases and files to be the equivalent of books and journals, accessible in their own offices or homes.

The problem of libraries and librarians in the present information technology environment is that they are associated with a facility that is frequently difficult to approach: small ones are not open enough hours; large ones are complex at a time when information itself can be transported. As well, for years most libraries have been providing adequate access to only a small part of the collection: books. The contents of journals or government publications have been neglected. Therefore, unless librarians realize that their primary concern should be information and its management, librarians and libraries will become peripheral to the organization.

Vendors serving the health care business are recognizing this fact. BRS is planning to publish complete texts of the core medical literature in the English language online, with sophisticated searching capabilities. The New England Journal of Medicine is providing online access to its current issues the day the first print copy is on the newsstand. BRS is also planning to sell videodisks with medical texts, illustrations and photographs as their publishing venture in this field.⁸ "Online medical information systems are a major growth industry in the United States."⁹

It is therefore important to remember, as you move into more detailed discussions of measuring library effectiveness, that you may not and should not be measuring the same library systems and services within a very few years. At the same time that you devise new methods for data collection and standards against which to measure your present effectiveness, you have an opportunity to conceive of different ways to do new and different things. Health care library organizations have been among the leaders in the development of bibliographic databases and their access, of resource sharing networks, even of telefacsimile for interlibrary lending. The vision which you have displayed in the past should ensure that you will continue to provide leadership in the information society in which all libraries and our profession will exist in the future.

⁷ Matheson NW. *Academic library nexus*. College and research libraries 1984; 45(3): 208.

⁸ Ibid., 210.

⁹ Ibid., 211.

RESEARCH METHODS FOR HOSPITAL LIBRARIES

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Quality Assurance

I must admit that when I was asked to speak at this meeting and was told its general theme, I had never heard of *quality assurance* -- it was a new professional buzz-word to me¹. However, as soon as I saw documents on the subject, I recognized something very similar to old acquaintances: a combination of Management by Objectives (MBO), evaluation, and action research. Quality assurance (QA) seems to be fashionable -- a bit of a bandwagon to be jumped on -- just like MBO, PPBS, zero-based budgeting and other fads. Treated only as a fad, however, means that just as with those techniques, the positive advantages inherent in the set of techniques called QA could be lost if the process is seen as merely a *task* rather than as an attitude of mind towards the job.

The resemblance of QA to action research is very strong in the paper by Self and Gebhart (1980) listed in the bibliography at the end of this paper. A comparison of their list of stages in the QA process with a typical statement of the action research process reveals the similarity:

QUALITY ASSURANCE

1. Select the subject for review and a sample population.
2. Develop measurable criteria.
3. Ratify the criteria.
4. Evaluate existing services using the criteria.
5. Identify problems.
6. Analyse problems.
7. Develop solutions.
8. Implement solutions.
9. Re-evaluate services.

ACTION RESEARCH

1. Identification of a problem area...;
2. Selection of a specific problem in a way that implies a goal and a procedure for reaching it;

¹ This paper was delivered as part of the theme *Measuring Library Effectiveness* at the first annual meeting of the Ontario Hospital Libraries Association (OHLA) on 28 October 1986, at the Women's College Hospital in Toronto, Ontario.

- Action research can also be expressed quite neatly diagrammatically:

[French and Ball, 1973]

The role of data collection in OA

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and ideas. But the practicing librarian is looking for policy guidance rather than testing scientific theories. As a consequence, the rigorous requirements of research have to be loosened, partly because the practitioner lacks time to observe all the niceties of research methodology, partly because the information is needed within a fairly limited time span, partly because the circumstances of the services and their user groups do not require them. For example, the *sample population*, in Self and Gebhart's terms, may be small enough to make nonsense of any idea of rigorous sampling. If one has, say, five specialists in paediatrics to whom one is giving a specialized SDI service, it would be silly to *sample* them. I think, therefore, that it would be wiser to talk of *data collection* rather than of *research*.

So where does *data collection*, if not *research*, fit into the QA process? First, we have to know how much business we are doing in relation to any given service, so we need to keep records, or, less time-consuming and just as accurate if done correctly, we need to sample activity at various times. Virtually any aspect of service is amenable to this kind of data collection, but the practice is much abused -- data which are easy to collect are collected, but not analysed; circulation statistics are the commonest case in point.

Secondly, we need to know *why* the activity is at the given level and why users are behaving the way they do in relation to any given service. We need to know what they think about the services, how satisfactory they find them (and what *they* mean by *satisfactory*), and what criteria *they* would use to measure satisfaction or performance.

Thirdly, when any change is implemented, we need to be able to say what the consequences of change have been, either by comparing records of activity before the change with those collected afterwards, or by going back to users and trying to discover whether they have noticed the change and, if so, whether they respond positively or negatively to it.

Methods of data collection

At this point, I could go into a lengthy lecture on the various methods used to collect data. However, most of you probably have some knowledge of these already. Presumably, librarians in Canada are as hard-pressed as their counterparts in the U.K. No doubt you, too, have to work under quite severe time and money constraints, and theoretical ideas on the *best* way to do things may not be particularly useful. What the librarian needs to know, I suggest, is how to collect data in a way which will not be too time-consuming and which will be *sufficient* to produce data which will lead to sensible decisions.

Self and Gebhart say that:

"Four methods can be used to establish standards:

(1) quantitative methods, (2) survey methods, (3) existing standards methods, and (4) qualitative methods."

To my mind, this is a rather curious classification and the authors go on to make an even more curious statement:

"Literature shows that the first three methods have not been useful in improving service."

Quite how a method of collecting and using data can, of *itself*, improve a service, I do not understand. Presumably, the authors intended to say that information resulting from the first three methods had not proved useful in guiding decisions on how to improve services. But in that case, I would have to take issue with their analysis of the literature. There are certainly cases (at the University of Lancaster in the U.K. and at Purdue University in the U.S.A., for example) where operational research -- one variety of quantitative method -- most definitely led to improvement in services and certainly other cases where surveys (particularly those employing interviews as the method) have led to the more detailed identification of users' needs and a consequent improvement in services to those users.

These two authors make a common mistake. They confuse data collection methods with finding answers to problems. Data collection results in data, analysis of which gives information which may or may not be useful in decision-making, but which certainly cannot *replace* decision-making. And what information is produced depends upon:

- * how well the problem has been addressed,
- * how well the objective of the study has been defined,
- * how well the questions have been put to those involved in the evaluation;
- * how well the recording format for an observational study has been designed,

and so on. As with computers, so with surveys: garbage in, garbage out. Similarly, if you don't know what you want to do with it (computer or survey) you might as well not bother with it in the first place.

I would use a different classification of methods: all data are collected through some form of observation and within this major class, the investigator either watches what happens, or she asks questions. The questions usually ask someone to reflect on what happens, or has happened, what is thought, what judgments are made, what opinions are present, or whatever.

Observation

Let's begin with observation -- usually identified as a *qualitative* method -- that is producing not data but *accounts* of some kind. The classic accounts are the social anthropologist's field notes, but in fact, observation can produce quantitative data if that is what we want.

For the librarian, it is perhaps one of the most straight-forward methods to use and, of course, we do it all the time, but rarely bother to record our observations. When we give information to a client we observe his/her behaviour: is s/he satisfied with the response? Is there some uncertainty that suggests a problem in assimilating the information? Is the "Thank you" genuine, or token, or ironic? It is a short step from thinking about these aspects of service delivery to the design of a simple data-

recording format which can be used to identify possible problem areas, and from that point to the design of an interview schedule which can be used to follow up with a wider range of users than those observed.

Observation can be used whenever the user is in direct contact with some aspect of service and can be useful in gaining at least a preliminary idea of the quality of service. For example, *is the catalogue used by those for whom it is intended? What is the behaviour of someone using the catalogue? Does any shelf search result from a catalogue search, or does the user record a citation? Are there any gestures of annoyance or dissatisfaction? Do clients use the reference collection? Which titles appear to be most used?* Again, questions like this suggest themselves as elements of an observation checklist to be followed up later by other methods which involve asking questions directly of the user.

Observation means keeping one's eyes (and ears) open. The baseball coach, Yogi Berra, made the marvelous statement: "You can observe a lot by watching." I liked it so much that I used part of it as the title of a report on a research project which had used observation as one of the data collection methods. It is one of those silly statements that reveals its meaning through its humour. What Berra meant, of course, is that you can *learn* a lot through careful observation -- but the translation lacks humour.

The special librarian has many more opportunities to observe her clients going about their normal work than does any public librarian or university librarian. When I worked in an industrial research organization, the Director said that I should spend one third of my time in the laboratories talking to people. "Otherwise," he said, "you won't know what's going on." He understood the value of observation, in its widest sense, for the information worker.

Anyone can do it. Take a stroll around the organization. Visit offices. How many items from the library are lying around? Are they being used? If so, ask about it: *what's the user doing with the book or journal; how is it of use?* If you have just sent out a library bulletin, where is it? Open on the desk? buried in the in-tray? or already in the wastepaper basket? The last, incidentally, may be the best possible state; it could signify that the user has scanned it already and dashed out to find an important item!

Everyone in a library or information centre can observe and question in this way. "But," I hear you say, "we don't have time." There are two answers to that:

(1) you don't have to do it *all* the time - just now and again. Try it for an hour one week; do it again two or three weeks later; wait a couple of months, and do it again. Send any assistants you have out on the same routine (some of them might enjoy it; or you might get lucky, and some might not come back!);

(2) if you don't *find* time to do it, how do you know that the things you do find time for are worth doing? There is the further point that if you don't have time to watch what is going on you won't have time to use any of the other more "structured" methods of data collection.

And there is another important point: you won't really have a very good basis for using those other methods unless you have done some of the qualitative kind of investigation first.

Diaries

I put diaries in the same general class as observation because what we are doing here is asking the client to observe himself, or herself, and to report on those observations in some structured way. Usually, the structure is determined by the investigator, in this case, a librarian. What kinds of observations are called for depends upon what the librarian wants to know. It seems like an easy kind of method because someone else does the work but, in fact, deciding what you want to know is the most difficult part of any investigation.

In the case of QA, what do we want to know? We want to know what the user needs; whether s/he has difficulty in getting the material or the information; whether s/he is satisfied with what is obtained. The naive investigator might well think of trying to combine all of these points in a single diary form. In fact, each requires a different investigation if the user is not to be overwhelmed by the task. If s/he is overwhelmed, the user will reject the task and no data will be obtained.

So, a simple diary study might involve asking the user to record on the diary form all instances, in a given period of time, of needs for information of any kind. The form might have a very simple four-column design:

:	Date	:	Time	:	Problem	:	Needed information	:
:	:	:	:	:	:	:	:	:
:	:	:	:	:	:	:	:	:

Each column heading replaces the questions in the questionnaire. We are asking the user to respond to the questions:

- * what is the date?
- * what is the time?
- * what problem is giving rise to a need for information?
- * what information do you believe is necessary to answer the problem?

I suggest *Time* as a category because analysis of the data may reveal something of the working day of the user which may be of relevance to the design of services. For example, it is useful to know when the user is engaged in desk work, simply from the point-of-view of being able to contact him or her when needed information is available, and so on. The problem statements also ought to be useful in revealing something of the range of concerns of the user of which the librarian is unaware, or where the user has been previously unaware that the librarian could help with a given class of problems. Clearly, simple designs like this can be used to get information relevant to all kinds of questions you might think of. Above all, keep it *simple*. If

the user has to read an instruction manual to fill in the form s/he is not going to bother.

Earlier, I used the words: *in a given period of time*. I did so to emphasise that time is important to people, and the shorter the period of time over which one seeks their cooperation in a diary study, the more likely one is to get that cooperation. The kind of task I have just outlined is obviously big enough to take up some of the client's time which s/he might otherwise devote to work. It would be better, therefore, to give the task to everyone for a day, than to take a sample and ask each member of the sample to fill in the diary for a week. If the days are scattered over a working month in the organization, the data obtained should reasonably reflect the pattern of work in the target group of individuals.

Some years ago, Dick Orr, of the Institute for the Advancement of Medical Communication, devised an ingenious method for encouraging people to respond to a very simple diary study. It involved the use of a *Random Alarm Mechanism* (RAM) which sounded a buzzer at random intervals throughout the day. The user was asked to tick a box on a response sheet, small enough to fit into the back of the mechanism, which sought information on what the user was doing when the buzzer sounded (Orr 1970). Leaving aside possibly embarrassing data, the information produced was useful and reliable. Lacking a RAM, I have used essentially the same method in a study of reference library activity, seeking information on the broad categories of enquiry dealt with by the library and again, the information was as good produced by this kind of time-sampling as information which had involved the librarians in recording every enquiry. The substitute for the RAM, in this case, was a clockwork timer (designed originally for a key-chain) to keep track of the time left on your parking-meter; it was slung on a piece of string and hung round the necks of the librarians.

Asking questions

I have already suggested that asking questions ought to be part of the process of observing. After all, if you don't know what is going on, it seems reasonable to ask about it. I make this point because it serves to draw attention to the fact that the amount of structure we impose upon an investigation may vary. At one end of the spectrum are those seemingly casual questions, put in very informal circumstances, which are designed to gain some understanding of what is going on. At the other end is the very highly-structured set of questions which constitutes the self-completed questionnaire (SCQ).

As we have another speaker who is specifically concerned with the design of questionnaires, I shall say very little on this point. Briefly, although the interview schedule is often called a questionnaire, there are clear differences between the two. One is used, and largely completed, by an interviewer who is able to interpret questions to a degree and, one hopes, adequately trained to use appropriate probes for further information. The other is completed by the user without any such assistance. This puts quite severe limitations on the kinds of questions that can be asked and demands considerable attention being paid to removing ambiguity from the wording.

Interviewing

To turn, then, to the interview, what recommends this method over the use of self-completed questionnaires? First, the method gets the investigator face-to-face with the clients whose views on services are being sought, and anything that gets librarians out of their offices talking to clients can't be bad. Secondly, the range of questions which it is possible to ask is much wider in the interview. Open questions, which invite the respondent to comment in his/her own terms (rather than by completing a pre-determined rating scale, for example) get very variable responses in SCQs. In interviews, it is rather easier to ensure that adequate information is obtained, by asking subsidiary questions and through careful probing. Thirdly, the interview is the only sensible method to adopt when the investigation is exploratory because, by definition, one is uncertain about what questions can be asked, which kinds of questions are going to be most useful, and so forth.

Naturally, the points made earlier on the design of SCQs also need attention in the design of interview schedules but, in addition, there is a need to include instructions to the interviewer (even when the librarian may be the only interviewer) to ensure that the questions are always asked in the same way, in the same sequence, with the same explanations (when needed), and with the same prompts and probes. Only then can one be sure that each respondent is asked exactly the same questions in the same way, so that responses are genuinely comparable.

Coping with the data

Two problems arise in coping with survey data on the needs of users and their responses to services. First, quantitative data need to be analysed statistically, even if there are only a few responses. Secondly, qualitative data, resulting from informal interviews or from open questions in more structured interviews, also need to be analysed in some way to draw attention to similarities in responses, differences, and possible generalities.

Quantitative analysis

Although many people are scared by numbers (and I'm virtually innumerate, myself) this is really the easy part. Several computer packages now exist (including some which run on microcomputers) which make the business of "number-crunching" relatively easy. However, they are also a little dangerous because they can result in a report which has a spurious air of exactness when the numbers of respondents involved in the survey may be too small to justify such exactness. They can also perform statistical tests which are inappropriate, but may fail to tell you that they are inappropriate. The basic rule is: "Keep it simple!". Don't try to impress; simply report the data in a very matter-of-fact way and give measures such as the mean, or the mode, and the results of tests such as Chi-squared, only when they are actually justified. Otherwise, someone is bound to see that you are reporting nonsense.

Qualitative data

This is really the difficult part! Two kinds of qualitative data result from observation and from informal interviews, or from open questions in more structured interviews. These are *field notes* and extended responses. In both cases, one is likely to have significant bodies of text which cannot be analysed statistically. Two strategies are available for coping with these kinds of data:

1) Preparing narrative accounts

This is exactly what the name suggests, a straightforward descriptive account of events, or reported statements. We adopted this method in our study of social workers and their managers to report on the observation phase and those who had been observed found them very useful and accurate. The narratives were subsequently amalgamated into a fictionalized "week in the life of" a social services department as part of the final report to the funding agency. The difficult part, of course, is the prior analysis of the field notes to identify categories of behaviour under which report can be made. Here the method outlined below can be used to get some initial guidance.

2) Concept analysis or topic cataloguing

I use these terms because I don't know of any standard way of referring to the process whereby one extracts from *extended responses* quotations which identify a particular kind of response or event. The work is time-consuming and can be rather tedious; but then, much reporting of all kinds has the same characteristics. The manual method is the easiest to explain and, unless you have all extended responses in a word-processor, the most likely to be used. Briefly, take a pack of 3 x 5 cards and pick out quotations which appear to be interesting, assigning each quotation a working category as one goes along. After dealing with three or four interview schedules in this way, review the working categories and arrange the relevant cards in a sequence which has some meaning. For example, you may have asked respondents what they think of the usefulness of a current-awareness bulletin and the responses may fall into two broad categories which you label for convenience, *Usefulness* and *Non-usefulness*, grouping under the first head working categories such as *Time-saving*, *Wide scope*, *Easy scanning*, or whatever categories occur as you work through the responses. Finally, review the categories, combine those that appear to be closely related, split those that are very large and capable of conceptual subdivision. When this is done, the writing of the report becomes almost child's play by comparison. Clearly, the method can also be applied to field notes and I am sure you see the possibilities if you have a computer file of comments; each one could be treated as a record in a database and assigned key words and then analysed by whatever mechanisms exist in the database management system.

Conclusion

I have tried in this paper to show that tackling a user survey is a task which is within the compass of the typical hospital librarian. To be sure, it is time-consuming, but then, so is the whole process of quality assurance and the collection of data is an essential part of the process. However, if the task is well-thought-out and limited in scope to what can be achieved with the person-power available, and if one does not try to assess the quality of every aspect of service at the same time, then it is possible to get information from users which can identify areas of success and areas where further work is necessary, or aspects of service which are genuinely useful and others which could be withdrawn with no significant diminution of overall performance.

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DESIGNING USER SURVEYS

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Introduction

I want to express my appreciation to the Ontario Hospital Libraries Association for inviting me to make a presentation on user surveys at this 1st Annual Meeting¹. I will be discussing various elements of good survey and questionnaire design that result in the collection of useful and meaningful information. Although these principles apply to all surveys in general, I hope that you will find them useful when designing your own user surveys to measure library effectiveness.

The Need for Information

In the measurement of library effectiveness, a need for certain types of information will arise. It may be that this need can be met through existing documents, records or other sources of information. Most libraries maintain extensive records about library users, such as borrowing records and records of interlibrary loans. Information may also be available from other types of library records and reports. Existing information may often replace the need for collecting new information, and at times, may provide the only source of information. However, when using existing information sources, it is important to consider the relevance of the data, the timeliness of the data, and the reliability of recording. Another way that information can be gathered is through observation. Observation can be a useful method of gathering information about people's behaviour, and allows information to be obtained directly instead of through the reports of others. The observer can find out what the individual does, rather than what the individual says s/he does.

It may be that the required information about library users cannot be obtained either from existing data or through observation, and that the information can be best obtained through the use of a survey. A survey can be defined as the collection of information about characteristics of interest from some or all units of a population

¹ This paper was given as part of the theme *Measuring Library Effectiveness* at the first annual meeting of the Ontario Hospital Libraries Association (OHLA) on 28 October 1986 at the Women's College Hospital in Toronto, Ontario.

using well-defined concepts, methods and procedures, and the compilation of this information into a useful summary form. A survey should only be used when it has been determined that other sources of information do not meet the data requirements.

Planning the Survey Methodology

A survey plan has many components. One does not simply decide that a questionnaire is needed, and then go about developing a list of questions to ask. Instead it is important to consider the other parts of the survey design process during the planning stages. These considerations include the following:

Objectives and data requirements The objectives of the survey evolve from the need for information. Decisions will have to be taken on what should be measured. A clear statement of the exact survey objectives and data requirements is needed. In arriving at the exact set of data requirements, it is often helpful to draw up dummy tables in order to determine precisely what information and data are required. In other words, think ahead about how the data will be used and presented.

Population The population must be described as clearly as possible. This includes a definition of the population of library users in terms of any identifying characteristics, such as the type of library user.

Reference period The time period under consideration must be defined precisely.

Frame or list of members of the population This list should be as complete and up-to-date as possible. It should contain information that will help identify and locate library users (for example, names, addresses, or telephone numbers).

Sample design A decision will have to be made as to whether a census or sample of the population is appropriate. If a sample is to be selected, then the sample size should be sufficiently large in order to obtain reliable and meaningful results.

Data collection method The choices available include face-to-face interviews, telephone interviews, and self-completed or mail questionnaires.

Questionnaire The questionnaire is crucial to the success of the survey. Careful consideration and attention will have to be given to its content and to the principles of good questionnaire design, including the wording and sequencing of questions, as well as the physical layout of the questionnaire.

Other issues that should be considered during the survey planning stages include procedures for administering the questionnaire; non-response follow-ups; how the data will be tabulated, analyzed and presented; the time schedule; and costs. I am not recommending elaborate survey designs. In fact, I would recommend that the survey methodology be kept as simple as possible.

Methods of Data Collection

The basic methods of data collection in surveys include:

Face-to-face interviews These questionnaires are interviewer-administered. They can involve either a structured form of questioning or an unstructured form such as a set of interview guidelines.

Telephone interviews Telephone interviews are also interviewer-administered. These questionnaires are usually structured with a formal interview schedule.

Self-completed questionnaires These types of questionnaires are highly structured and are completed by respondents without the aid of an interviewer. Self-completed questionnaires may range from a small card that library users are asked to complete before leaving the library, to longer mail-out/mail-back and drop-off/pick-up questionnaires. A special type of self-completed questionnaire is the diary method whereby the respondent completes the questionnaire at the time an event occurs.

In deciding which method of data collection is most appropriate for a particular information need, there are a number of important considerations. These include the subject matter of the survey and the complexity of the data that is to be collected. Probably the three most critical areas concern

- * how much each method costs,
- * how fast the data can be obtained, and
- * the level of response that can be achieved.

The relative comparisons of face-to-face, telephone, and mail questionnaires with respect to cost, time and response rates are illustrated in the following table:

How the Data Collection Methods Compare with respect to
Cost, Time, and Response Rates

	Face-to-face	Telephone	Mail
Cost	high	medium	low
Time	medium	fast	slow
Response	high	medium-high	low (very)

In terms of cost, the most expensive method is face-to-face interviews, while the mail or self-completed questionnaire is almost always the least expensive form of data collection. Since telephone interviews can be carried out very quickly, survey results are available more quickly than would be possible if face-to-face interviews were used. Mail questionnaires are generally the slowest data collection method. In addition, mail questionnaires usually result in very low response rates, while face-to-face and telephone interviews perform considerably better in this area. Response rates in mail surveys can be improved through the use of follow-ups to non-respondents by using one or two mail reminders, or by telephone. Non-response is a very important consideration in any survey, since differences between respondents and non-respondents may bias the final survey results. It is for this reason that it is strongly recommended that every effort be made to get as high a response rate as possible.

The Questionnaire

A questionnaire can be defined as a group or sequence of questions designed to elicit information on a subject from a respondent; the questionnaire may range from a list of undefined topics to a highly structured set of questions with no options for response other than those listed.

There is nothing particularly mysterious about how one goes about constructing a questionnaire. We do many of the same things every day in carrying on discussions and asking questions such as enquiring about directions. We ask questions in such a way as to get answers that are meaningful and useful for our purposes. With regards to asking questions, one of the main differences between everyday information gathering and asking questions using a questionnaire is that the survey researcher usually can only ask the questions on one occasion. In most situations, the survey taker does not have the time or the chance to discuss what s/he means with the respondent, and does not have the chance to discuss what the respondent meant, nor what the respondent thought was meant by the question which s/he answered. When the questionnaire is returned, there may be no other choice but to accept the answer that the respondent has provided. Therefore, it is important to ask the right questions to get the information that is required.

A good questionnaire is one that asks the right questions. The questions must be *relevant* to the information need; asked of the *right* people, at the *right* time, and in the *right* place. The questions must be *answerable*, and the responses *analyzable*. This will lead to survey results that are useful and meaningful.

It is very important that *each* question should have an explicit rationale for being in the questionnaire. The questionnaire designer must know *why* the question will be asked and *what* will be done with the information obtained.

A useful exercise that illustrates many of the basic principles of good questionnaire design is to examine a questionnaire and to identify problems with it. The following example (pages 204 and 205) is a Library User Survey Questionnaire which, let us suppose, has been mailed to a list of library users.

WHAT'S WRONG
WITH THIS
QUESTIONNAIRE?

LIBRARY USER QUESTIONNAIRE

Name _____ Telephone no. _____

1. How often do you use the services offered by the library?
2. How many books or publications have you borrowed from the library?
- ____ 0 ____ 1-5 ____ 5-10 ____ 10-15 ____ 20-50 ____ 50-100

3. The last time you used the library, what was the purpose of your visit?

☐ Search for a book ☐ Search for a periodical

☐ Get information from librarian ☐ Study peacefully

4. Were your needs satisfied?

____ Yes ____ No

5. How satisfied are you with the quality of service provided by the library and the attitude of library staff?

1 2 3 4 5

6. What do you dislike about the library?

7. Are there any improvements which could be made to the library in order to provide better service?

Yes ____ No ____

8. Do you approve or disapprove of the recent proposals made by the Library Management Review Committee - such as the proposal to double fines for overdue books?

☐ Approve ☐ Disapprove (*go to Question 11*)

9. Are you aware of these proposals?

☐ Yes ☐ No

10. Why do you disapprove of these proposals?

11. Are you against not having longer opening hours?

☐ Against ☐ Not against

12. Level of education _____

THANK YOU FOR YOUR HELP!

The questionnaire obviously contains many errors, and the following observations can be made:

Introduction No introduction is provided. A good introduction should identify the sponsor of the survey, explain the purpose and uses of the survey, request the respondent's co-operation, and indicate the degree of confidentiality. The introduction should provide brief instructions about how to complete the questionnaire, mail-back instructions, and the completion deadline.

Name and telephone number This information identifies the respondent, and should not be asked unless it is essential information for the purposes of the survey. Sometimes the respondent's name and telephone number are required for non-response follow-up purposes. If this is the case, then the reason for asking this information should be clearly stated. If the respondent's name and telephone number or address are requested, then this information should be asked at the end of the questionnaire.

Question 1 This question assumes, perhaps incorrectly, that the respondent is a library user. Furthermore, there is no indication as to which "library" this question and questionnaire refer. The format is open-ended, but no lines have been provided for the write-in responses. The meaning of "often" is not clear, and many variations of answers may result (for example, everyday, once a week, often, frequently, etc.). It would be better to provide more direction to the respondent in terms of a frame of reference and response categories.

Question 2 The reference period is not specified -- is it the number of books borrowed during one week, one month or one year? There are overlapping categories (for example, 5-10 books and 10-15 books). The categories "16-19 books" and "over 100 books" are not included. The response blanks for checking the appropriate answer are placed to the left of the categories; however, a respondent may accidentally check the blank to the right in the case of the middle categories. This problem can be remedied by paying careful attention to spacing.

Question 3 Additional response categories may be appropriate. There should, at least, be provision for "Other (please specify)". The question could be better worded by referring to the "main purpose" of the visit. Instructions such as "check one answer only" or "check all that apply" should be included. Response boxes [] are used in Question 3, while response blanks___ are used in other questions. Both formats are acceptable, but usage should be consistent within the questionnaire.

Question 4 The meaning of "needs" is not clear -- does this refer to the purpose of the library visit as specified in Question 3?

Question 5 The meanings of the response categories 1 to 5 are not explained. They could be labelled "very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, very dissatisfied". Question 5 is

a "double-barrelled" question since two questions are actually being asked at the same time (that is, satisfaction with the quality of service provided by the library, and satisfaction with the attitude of the library staff).

Question 6 This question assumes that the respondent dislikes something about the library. It could be balanced with another question such as "What do you like about the library?" The one line for the write-in response will tend to limit the response provided.

Question 7 This would be a more useful question if it asked the respondent to specify the improvements which could be made to the library in order to provide better service. This could be done in a subsequent question for those respondents who indicate "no" to this question. The response blanks for the answer categories "Yes" and "No" are placed to the right of the responses. This is not consistent with other questions (see Questions 4 and 8). Placement either to the left or right is correct, but usage should be consistent within the questionnaire.

Question 8 This question assumes that the respondent already knows about the Library Management Review Committee and the proposals made by it. It can be considered to be a leading question because most respondents would probably tend to disapprove of the example provided ("the proposal to double fines for overdue books") even though they might approve of other proposals. The skip instruction ("go to Question 11") for a respondent who answers "disapprove" is incorrect; the respondent should be directed to Question 10 ("Why do you disapprove of these proposals?").

Question 9 Respondents will tend to agree and answer "Yes". The respondent is now aware of the proposals after having been asked Question 8.

Question 11 This is an example of double negative wording. The question is ambiguous and confusing. Better wording might be "Are you in favour of longer opening hours, or are you not in favour of longer opening hours," providing both response alternatives.

Question 12 This question could be useful for analysis purposes; however, it should be worded more carefully (for example, "What is the highest level of education that you have completed?"), and closed response categories should be provided. The placement of this question is good, since classification questions such as those about age, sex and education are normally placed near the end of the questionnaire. Questionnaire designers sometimes place them at the beginning because they are easy and quick to ask, but it is usually better to open with a question that is both simple and directly related to the purpose of the survey.

In summary, the following principles are useful guidelines that should be followed when designing a questionnaire:

- * Ask questions which are relevant for the research objectives and intended uses of the data
- * Choose clear and unbiased wording of questions
- * Sequence questions clearly and logically
- * Design an effective and attractive layout for the questionnaire
- * Pretest the questionnaire

Careful survey planning and following the basic principles of good questionnaire design will lead to the collection of useful and meaningful data for the purposes of measuring library effectiveness.

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NEWS AND NOTES

MEDLINE ON CDROM AT THE UNIVERSITY OF MANITOBA MEDICAL LIBRARY

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Cambridge Scientific Abstracts (a subsidiary of the Disclosure Information Group) is currently the producer of several CDROM (Compact Disk Read Only Memory) database products including MEDLINE, The Life Sciences Collection and Aquatic and Fisheries Abstracts. Its MEDLINE package offers an annual subscription with cumulating quarterly updates to the complete database of the current year for \$975.00 (U.S.), a backfile option of \$750.00 (U.S.) per year back to 1982. Search software on floppy disk accompanies the subscription. Compact disk reader and controller board may be leased for \$500.00 per year. Alternately, the reader (Philips CM100) may be purchased for about \$1,500.00 (Cdn.) from Reteaco Inc., Willowdale, Ontario. The system requires a minimum of 256K memory IBM PC/XT/AT or compatible -- 512K is recommended -- with dual floppy disks or hard disk.

Late in 1986, the University of Manitoba Medical Library took advantage of Cambridge Scientific Abstracts' 30 day free trial offer of its Compact Cambridge MEDLINE on CDROM system. Included in the package was one CDROM disk containing nine months (January - September) of the full 1986 MEDLINE database (including abstracts), a floppy disk containing information retrieval software to search the compact disk, a Philips CDROM reader and controller card for an IBM PC and associated documentation. This report briefly describes our initial impressions of the trial exposure and subsequent developments.

Installation

For the trial, we borrowed an IBM PC with 640K memory, a monochrome monitor and an Epson dot matrix printer. Installation of the controller card and connection of the reader was relatively uncomplicated, except for a number of dip switch settings not clearly explained. Fortunately, the initial default settings worked on first try. The user's manual is not impressive and deserves its designation as a "draft".

We decided to set up the trial in a public area adjacent to the Index Medicus tables, as well as near our MEDLINE office. We wanted to see how the average library user would respond to the CDROM system. The machine was left on, the program loaded and ready, from 8:30 a.m. to 5:30 p.m., each day. It did not require too much coaxing to find faculty and students soon lining up to try this exciting new product. We provided 5 to 10 minutes of preliminary explanation on using the CDROM system, followed by informal observation and discussion with many users.

Results

Although our own use of the system revealed numerous deficiencies, relatively naive patrons (in fact, many of these users were experienced with do-it-yourself online searching) were quite ecstatic about it.

Some of the pros and cons of the system based on this informal testing are outlined below (in no particular order). Some points relate to this specific product (marked with an asterisk: *), some to CDRom use in general. Recent contact with the company reveals that they have been working on improvements to the system. Modifications to the software include providing several display/print format options, solving some of the problems with the adjacency search function, and allowing direct entry of full MESH terms. These software improvements, however, have caused a delay in delivery of the complete 1986 database.

Advantages

- availability of abstracts for the full MEDLINE database *
- one time (per year) predictable cost
- easy to use with simple menus and prompting for entry of words and boolean operators; particularly easy to search on simple combination of terms *
- convenient and immediate printout or download to disk for users
- allows reasonable assortment of search techniques including: field delimitation, IM vs NIM searches, text word search of full reference, limited subheading searching, boolean AND, OR, AND NOT, as well as proximity operators *
- provides both menu and command mode at option of user *
- reasonable response time (between 5 and 30 seconds) for wordsearch
- very useful preparation for traditional MEDLINE search
- ability to browse and try numerous approaches without the time cost restraints of an online search of a remote system
- users become more search literate; appreciate some of the complexities of a good search
- sense of independence for users; they feel they don't have to "bother" the librarian searcher
- excellent educational tool for "end-user" training
- handy tool for obtaining quick answers to various reference inquiries
- potential for reducing demand for traditional MEDLINE searches, although may actually increase demand (not sure whether either is plus or minus)
- good potential as completely self-service operation especially when librarians not available for assistance or normal MEDLINE search is not available

Disadvantages

- no print or display formatting options available yet *
- only searches one year (if retrospective disks were used would require reentry of search) *
- menus can be ambiguous to some users; help feature not implemented on this

- version of software; not clear to users how to combine more than two terms in menu mode although this can readily be done *
- displaying other than most recent set results is not clear to users *
- quickly run out of temporary storage space if using floppy disk-based PC *
- security of equipment and control of multiple disks may present some problems for library
- easy for user to do poor search if proper instruction not given; some peculiarities in search program as well as characteristics of database may be unknown to unsophisticated searcher (e.g. no assistance with MeSH or subheadings usage; no tree exploding capability; need to truncate with some MeSH terms or will not retrieve properly *
- adjacency search often produces very long search times because of string searching technique *
- no easy way to restart at search statement 1, without going to DOS or rebooting system *
- once search in process, no way to abort without rebooting system (except for adjacency search) *
- can't easily search on specific MeSH term phrases; must search on individual word combinations which may be ambiguous or adjacency search which may take too long *
- current user manual is poor *
- no interface with remote online system for reexecution of search on retrospective or more current files *
- limited to one person at a time and one disk at a time *
- printer during trial was slow and noisy; (use of faster and quieter printer, preferably with large memory buffer, such as ink jet printer, would help significantly)

Conclusion

In spite of some of the deficiencies outlined above (some of which Cambridge Scientific claims will be resolved with subsequent updates of the program), we felt sufficiently impressed, both by our users' response and by the potential of this product to seek funding for a trial of at least one year. Fortunately, the system sold itself to several faculty and research supporters. We have been able to purchase the necessary microcomputer and to subscribe with Cambridge Scientific Abstracts for the 1987 quarterly database updates and several retrospective years of MEDLINE. We hope to document the use and impact of this emerging technology while monitoring other competing systems presently (or soon to be) available.

For more information contact:

Cambridge Scientific Abstracts
5161 River Road
Bethesda, Maryland
U.S.A. 20816

Telephone: 301-951-1400

CASH BAR AT RECEPTION FOR CHLA CONFERENCE IN THE VANCOUVER AQUARIUM

McAinsh and Company Limited is sponsoring the Welcoming Reception for the 11th annual conference of the Canadian Health Libraries Association at the beautiful Vancouver Aquarium on Sunday evening, 24 May 1987. McAinsh's generous sponsorship includes chartered bus transportation to and from the Aquarium, the Aquarium rental itself, the Killer Whale Show, and all food served at the reception. Delegates will also be able to enjoy a beer and wine cash bar at a moderate cost per drink at the reception.

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MLA LIAISON ASKS CANADIANS GOING TO PORTLAND TO CONTACT HER

Jan Greenwood, President Elect of CHLA, will be attending the MLA conference in Portland, Oregon in May as CHLA/MLA Liaison and would like to hear, before she goes, from any Canadians who also plan to attend the MLA conference. It will make her task of co-ordinating the activities planned for CHLA members at the meeting much easier if she knows who is going and where they will be staying in Portland. Contact Jan at the following address:

Jan Greenwood
Manager of Library Services
Ontario Medical Association
250 Bloor Street East, Suite 600
Toronto, Ontario M4W 3P8

Telephone: (416) 963-9383
Envoy 100 address: OMALIB

* * * * *

CHEO LIBRARIAN STUDIES HOSPITAL LIBRARIES IN BRITAIN

Margaret Taylor, Director of Library Services at the Children's Hospital of Eastern Ontario (CHEO) in Ottawa, has recently returned from a ten day trip to four cities in England where she studied hospital libraries and library-based consumer health services. Her trip was sponsored by the British Council, which paid all of her expenses while in the country.

Her goals were to visit other pediatric libraries as the representative of the CHEO library, to obtain comparative data for her thesis, and to help her in her role as president of the Ontario Hospital Libraries Association (OHLA) by interviewing the executive of library associations offering support to hospital librarians in Britain. In London, Oxford, Sheffield and Southampton, Ms Taylor met with regional librarians, medical and nursing school librarians, hospital librarians, community medicine researchers and health educators. She was most impressed by two health information projects that she visited: the Help for Health Service in Southampton and the Health Information Service at the Lister Hospital in Stevenage. She has promised to write a paper about British and Canadian hospital libraries which will be published in a future issue of this journal.

She plans to return to England for the meeting of the International Federation of Library Associations (IFLA) in Brighton in August and will also attend the meeting of the Medical, Health and Welfare Libraries Group of the Library Association in Aberystwyth, where she is giving a paper on *Changing Roles for Health Librarians*.

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CHLA PRESIDENT CONSULTS IN U.A.E.

Dorothy Fitzgerald, Director of the Health Sciences Library at McMaster University and CHLA/ABSC President, recently spent 10 days in the United Arab Emirates as a library consultant.

The new Faculty of Medicine and Health Sciences of the United Arab Emirates University in Al Ain is planning for a health sciences complex which will include a large academic medical library. The curriculum of the Faculty will be based, in part, on the problem-based, self-directed learning curriculum utilized at McMaster.

Together with the World Health Organization Librarian for the region, Dorothy conducted a survey of the health library facilities in the country and made recommendations for the new university medical library which will also serve as the national medical library for the country.

The university will be recruiting qualified health sciences librarians in the near future and anticipates the need to recruit from North America. Dorothy has agreed to assist the Dean of the Faculty of Medicine and Health Sciences in this recruiting by offering to inform interested colleagues about the medical library environment and plans of the United Arab Emirates. Those who are interested in more information should contact Dorothy directly at the following address:

Dorothy Fitzgerald, Director
McMaster University Health Sciences Library
1200 Main St. West
Hamilton, Ontario L8N 3Z5

Telephone: (416) 525-9140 x2320
Envoy 100 address: D.Fitzgerald

Dorothy plans to submit an article on her visit to the United Arab Emirates for publication in the next issue of *Bibliotheca Medica Canadiana*.

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MCAINSH PLANS NATIONAL SHARED DATABASE OF HEALTH SCIENCES SERIALS

McAinsh and Company Limited, a Canadian library subscription agency and medical book distributor with headquarters in Willowdale, Ontario, is currently in the planning phase of the construction of a National Shared Database of Health Sciences Serials.

Their seven page proposal, received by *Bibliotheca Medica Canadiana* in mid-February, outlines a plan to construct a database listing holdings, mainly, of health sciences libraries not currently represented in CISTI's Union List of Scientific

Serials in Canadian Libraries (ULSSCL); hospitals of all sizes and descriptions (which have libraries), cancer clinics, health associations, pharmaceutical companies and others are the intended participants in the scheme.

Cost of participation (having holdings appear in the database) will be proportional to the size of the participant's holdings, and the information will be accessible to anyone with communications equipment which can access Datapac. Costs of searching the database will differ for participants and non-participants in the scheme, but the proposed connect-hour charges are certainly modest: \$18.00 per hour for participating libraries and \$27.00 per connect-hour for others.

The automated database project appears to grow out of McAinsh's recent experience in automating the production of printed union lists for over 200 different libraries in five regional groups around the country. These lists, currently representing 28,000 "holdings", will form the core of the proposed database. Others may join, however. The scheme encourages contributions of holdings from health sciences libraries of all sizes, although it is recognized that the larger libraries (whose holdings already appear in the ULSSCL) will probably not find it useful to pay the charges that would get their holdings listed in the database.

McAinsh is writing the software for the database itself and will maintain control over the project by mounting it on its own computers in Willowdale. McAinsh feels that in-house development is an important feature of the project, allowing speedy implementation of improvements and upgrades to the programme once they are developed.

A survey of potential participants in the scheme is currently underway. This survey will determine whether or not McAinsh proceeds with implementation of the plan. If it does go ahead, the database would be brought up initially for participants alone, so that testing and evaluation can occur. Subsequently, it would be announced to the health library community in Canada at large.

Further information on the proposal is available from:

McAinsh and Company Limited
2760 Old Leslie Street
Willowdale, Ontario M2K 2X5

Telephone: (416) 499-2500

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FROM THE HEALTH SCIENCES RESOURCE CENTRE

Dianne Kharouba

Acting Head, Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
Ottawa, Ontario

NEWS

Marilyn Schafer left HSRC at the end of January 1987 to take up her new responsibilities as Director of the C.C. Clemmer Health Sciences Library of the Canadian Memorial Chiropractic College in Toronto.

Suzanne Maranda will be going on maternity leave March 13. The new arrival will be the fourth HSRC baby within three years!

Marsha Kaiserman, of CISTI's Union List of Scientific Serials in Canadian Libraries (ULSSCL), will be taking on the responsibilities of HSRC's reference and MED/SDI services from now until the fall. Marsha brings to HSRC her expertise in the ULSSCL as well as her past experience as a cataloguer and reference librarian in two American medical college libraries.

The next few months will certainly prove challenging! Until we can add another staff member, the duties of MEDLARS¹ Coordinator will be overseen by the author. Fortunately, we still have Ann Haydock to assist us. Anyone wanting to contact HSRC could assist us by leaving a message on our answering machine, and by adding the telephone number and USERID code (if a centre) to written correspondence.

A CISTI Update has been scheduled for the CHLA Annual Meeting in May. We look forward to seeing you there.

The 16th edition of Canadian Locations of Journals Indexed in MEDLINE is currently in preparation and will be ready for distribution in late spring.

MEDLARS Training at CISTI

In April 1986, HSRC began offering two introductory courses. The Intro I course is offered to individuals who have no experience in online searching. The Intro II course is offered to those who are experienced with other systems. In February 1987, the Intro I course was reduced to two days. The three day course had overwhelmed new searchers with too much material. The revised course covers the essential commands and search techniques, principles of indexing and MeSH searching, free text searching, saving searches and information commands. The Intro II course (three days) also includes Offsearch/Storesearch/Automatic SDI, stringsearching, as well as the MeSH and the Health Planning and Administration databases.

¹ A registered acronym for MEDical Literature Aalysis and Retrieval System.

Starting in April 1987, the new course schedule will be:

Intro I	(2 days)	April 22-23 June 24-25
Intro II	(3 days)	June 3-5
Toxicology	(2 days)	April 29-30 August 6-7

All courses will be held in English at CISTI. As we require a minimum of six attendees and allow a maximum of ten, please contact us as soon as possible.

DIRLINE

Starting in March 1987, Canadian MEDLARS Centres have access to the DIRLINE database. DIRLINE (DIRectory of Information Resources OnLINE) provides information on over 14,000 resource centres such as professional societies, technical libraries, research institutes, and government agencies; and over 1,500 organizations providing health information for the general public, as well as the health professional. These records are provided by the National Referral Center of the U.S. Library of Congress, and the National Health Information Clearinghouse of the U.S. Office of Disease Prevention and Health Promotion.

Records for U.S. state-authorized drug abuse information clearinghouses and U.S. Poison Control Centers are also included.

Approximately 270 Canadian centres are represented in this database. Each record includes the organization name, address, scope of coverage and type of service provided.

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DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE

Dianne Kharouba

Chef intérimaire du Centre bibliographique des sciences de la santé
Institut canadien de l'information scientifique et technique
Ottawa, Ontario

Nouvelles

Marilyn Schafer a quitté le CBSS à la fin du mois de janvier 1987 pour assumer la fonction de directrice de la C.C. Clemmer Health Sciences Library du Canadian Memorial Chiropractic College à Toronto.

Suzanne Maranda sera en congé de maternité à partir du 13 mars. Le CBSS fêtera donc la venue de son quatrième bébé en trois ans!

Marsha Kaiserman, du Catalogue collectif des publications scientifiques dans les bibliothèques canadiennes de l'ICIST, sera chargée du service de référence du CBSS et des services MED/SDI jusqu'à l'automne. Marsha apporte au CBSS son savoir-faire de même que son expérience comme bibliothécaire de catalogage et de référence dans deux bibliothèques de facultés de médecine aux Etats-Unis.

Les prochains mois mettront certainement nos ressources à l'épreuve! Jusqu'à ce que nous puissions nous adjoindre les services d'un autre membre du personnel, la fonction de coordonatrice du MEDLARS² sera assurée par la rédactrice de ces lignes. Heureusement, nous pouvons toujours compter sur Ann Haydock pour nous aider. Nous serions reconnaissants à tous ceux qui communiquent avec le CBSS de laisser un message sur le répondeur, et d'indiquer dans la correspondance le numéro de téléphone et le code d'usager s'il y a lieu.

L'ICIST sera présent à la réunion annuelle de l'ABSC qui se tiendra au mois de mai, afin de vous informer des derniers développements. Nous anticipons le plaisir de vous y rencontrer.

La 16e édition des Dépôts canadiens des revues indexées pour MEDLINE est en préparation et sera distribuée à la fin du printemps.

LA FORMATION AU MEDLARS A L'ICIST

Les cours d'introduction au MEDLARS ont débuté au mois d'avril 1986. Le cours d'introduction I est destiné à ceux qui n'ont aucune expérience de la recherche en direct. Le cours d'introduction II est offert à ceux qui ont déjà interrogé d'autres systèmes.

Depuis le mois de février 1987, le cours d'introduction I se donne sur une période de deux jours. Nous nous sommes en effet rendus compte que le cours de trois jours exigeait l'assimilation d'une trop grande quantité d'information pour des utilisateurs sans expérience. Le cours modifié couvre les commandes et les techniques de recherche de base, les principes d'indexation et de recherche à l'aide des MeSH, la recherche en texte libre et les diverses commandes d'information. Le cours d'introduction II (trois jours) couvre également la recherche en différé, la recherche mise en mémoire, la DSI automatique, la recherche de chaînes de caractères, de même que les fichiers MeSH et Health Planning and Administration.

A partir du mois d'avril 1987, le calendrier des cours sera le suivant:

Introduction I	(2 jours)	22-23 avril 24-25 juin
Introduction II	(3 jours)	3-5 juin
Toxicologie	(2 jours)	29-30 avril 6-7 août

² Marque déposée du MEDical Literature Analysis and Retrieval System.

Tous les cours seront donnés à l'ICIST en anglais. Etant donné que le nombre minimum de participants est de six et le nombre maximum de dix, nous vous serions reconnaissants de vous inscrire le plus tôt possible.

DIRLINE

A compter du mois de mars 1987, les centres du MEDLARS au Canada ont accès au fichier DIRLINE. DIRLINE (DIrectory of Information Resources OnLINE) fournit l'information relative à quelque 14 000 organismes comme les sociétés professionnelles, les bibliothèques techniques, les instituts de recherche et les organismes gouvernementaux et plus de 1500 organismes offrant des services d'information en sciences de la santé aux professionnels de la santé et au public en général. Ces données sont fournies par le National Referral Center du Library of Congress des Etats-Unis et le National Health Information Clearinghouse de l'Office of Disease Prevention and Health Promotion.

Les données relatives aux centres d'information sur l'abus des médicaments (approuvés par les gouvernements des états), de même qu'aux centres de lutte anti-poison des Etats-Unis sont également inclus dans le fichier.

Environ 270 centres canadiens sont inclus dans ce fichier. Dans chaque notice, on retrouve le nom de l'organisme, l'adresse, le mandat et le genre de services offerts.

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PEOPLE ON THE MOVE



Jan Greenwood, Chair, CHLA Task Force on Hospital Library Standards, will represent CHLA and Canada at the meeting of the International Federation of Library Associations (IFLA) to be held in Brighton, England, 16-21 August 1987. Her paper, to be given at the meeting of the Section on Biological and Medical Sciences Libraries, is tentatively called *Standards for Health Sciences Libraries: Canada*. (In IFLA's lexicon, the term "hospital libraries" is used to refer to patient libraries). Professor Tom Wilson of the University of Sheffield will be chairing the session, provisionally scheduled for August 19. Valentina Comba from Italy will be addressing the topic of hospital library standards from a European standpoint. Fiona Mackay Picken of the North West Thames Regional Library and Information Service (also local arrangements person) will present a summary of the U.K. position on standards. Another paper, on the situation in Australasia, is also expected.

Dianne Kharouba has been named Acting Head of the Health Sciences Resource Centre (HSRC) at the Canada Institute for Scientific and Technical Information (CISTI) in Ottawa. Mrs. Kharouba will be responsible for administering the Centre until a permanent replacement is found for Marilyn Schafer, who was recently appointed Head Librarian at the Canadian Memorial Chiropractic College in Toronto. Mrs. Kharouba has been with CISTI since 1976 and became Biomedical Information Specialist in the HSRC in 1983. She holds a degree in Biology from the University of Calgary and an MLS from the University of Western Ontario.

Helen Kornuta, an M.L.S. graduate of the Dalhousie School of Library Service (recently renamed the Dalhousie School of Library and Information Studies) in 1984, assumed responsibility for the Health Sciences Library at the Credit Valley Hospital in Mississauga, Ontario in January 1987. Immediately prior to accepting this new position, Helen had worked for MIS International in Toronto.

Suzanne Maranda has accepted the position of Head of the Microcomputer Centre in the Bracken Library at Queen's University in Kingston, Ontario. She will be leaving the Health Sciences Resource Centre at CISTI, initially, on maternity leave, but will be moving to Kingston this summer.

Joanne Marshall has accepted a position as Assistant Professor in the Faculty of Library and Information Science at the University of Toronto, effective 1 September 1987. Joanne is currently completing her doctoral dissertation in community health at the University of Toronto. Her dissertation is on the adoption and implementation of end user searching by health professionals in Canada.

MEETINGS / WORKSHOPS

Canadian Health Libraries Association / Association des Bibliothèques de la santé du Canada 11th Annual Meeting

Theme: *Maximizing resources: management, marketing, people, priorities.*

Location: Holiday Inn Harbourside, Vancouver, British Columbia

24-27 May 1987

Contact: Nancy Forbes, Conference Co-ordinator, Biomedical Branch Library, 700 West Tenth Avenue, Vancouver, British Columbia V5Z 1L5 Telephone: (604) 875-4505

Now that you have arranged your transportation to Vancouver, made your hotel reservation, selected the most interesting CE courses, chosen between Salmon Wellington and roast chicken, and sent in your check and registration form (whew!), you think you're set for the 1987 CHLA annual conference . . .

Pretty soon, though, you'll be wondering what to pack for the trip. Vancouver's May temperatures are quite pleasant -- ranging from an average high of 18°C to a low of 8°C. A light raincoat is appropriate both as warmth for cool evenings and as protection from sudden showers. Pack comfortable shoes for any sightseeing or shopping you plan to do, and dressy clothes for theatre or symphony events.

The Conference Planning Committee intends to keep you quite busy during the official conference days, but we would like to remind visitors that Vancouver and its environs offer attractions for all interests. If you plan to stay later than May 27th, any of the committee members would be happy to suggest appropriate sights to see. Just look for conference name tags indicating "Host". See you there!

Medical Library Association 87th Annual Meeting

Theme: *Confluence: source of new energy.*

Location: Portland Memorial Coliseum and seven hotels in Portland, Oregon, U.S.A.

15-21 May 1987

Contact: Medical Library Association, 919 North Michigan Avenue, Suite 3208, Chicago, Illinois, U.S.A. 60611 Telephone: (312) 266-2456

There will be three keynote sessions: at Plenary session I -- the John P. McGovern Award Lecture, at 2:30 p.m. on Sunday, 17 May -- the speaker will be Fred Friendly, Producer of *Managing our Miracles: Health Care in America*. At Plenary session II -- Medical Ethics and Technology, at 8:30 a.m. on Monday, 18 May -- the speakers will be Thomas A. Raffin, M.D. and David C. Thomasma, Ph.D.; this session will be moderated by Gerald J. Oppenheimer, known to many Canadians as MLA Liaison to CHLA for many years. Plenary session III -- the Joseph Leiter NLM/MLA Lecture at 3:30

p.m. on Wednesday, 20 May -- will be addressed by William F. Raub, Ph.D. and by Warren J. Haas, of the Council on Library Resources.

Expo '87: Technology in Health Sciences Libraries (on Tuesday, 19 May at 4:00 p.m. and again on Wednesday, 20 May at 12:00 noon) promises educational exhibits with visuals and onsite demonstrations displaying innovative applications of technology in health sciences libraries. Meetings of MLA sections, contributed paper sessions, exhibits from the world of business directed at health sciences librarians, and a plethora of continuing education courses are all further reasons to attend.

The coast of Oregon is lovely, and the CHLA meeting has been timed, this year, especially so that members who attend the MLA meeting in Portland will have just enough time for a bit of a holiday on that coast before the beginning of the CHLA conference in Vancouver on the 24th of May.

* * * * *

Canadian Library Association 42nd Annual Conference

Theme: *Merchants of light: expanding your horizons.*

Locations: Hotel Vancouver (Headquarters), Four Seasons Hotel and the Hyatt Regency Hotel, Vancouver, British Columbia

11-16 June 1987

Contact: Canadian Library Association, 200 Elgin Street, Suite 602, Ottawa, Ontario
K2P 1L5 Telephone: (613) 232-9625 ENVOY 100 address: CLAHQ

The Canadian Library Association (CLA) has chosen Francis Bacon's epithet for librarians as the theme of its 42nd annual conference because, in the words of Ken Jensen, CLA President, the phrase "appears in one of the earliest and clearest descriptions of librarianship as part of the rational, humanistic approach to social betterment".

The structure of this conference, however, represents a break with the past. A new "core programme" of conference events -- all included in the conference registration fee -- has been devised to answer the complaints of members who felt that the annual meetings were becoming too expensive. Each of the CLA divisions (CACUL, CASLIS, CAPL, CLTA and CSLA) is offering at least one major professional event in the core programme. Also included in the basic fee for the core programme are the opening night reception, the theme address, all annual general meetings, business meetings, entrance to the exhibits, and a variety of smaller events. As in the past, many other sessions, workshops, social and professional events will be separately priced and ticketed, as well.

The theme address will be given at 7:00 p.m. on Thursday, 11 June by Lister Sinclair, broadcaster, writer, scholar and host of CBC Radio's outstanding series *Ideas. Discovery '87: a showcase of library innovations* offers an opportunity to share ideas, programmes and projects with others. Pre-conference workshops, exhibits, tours and social events all make this conference -- Canada's largest library conference-- an exciting event.

NEW PUBLICATIONS

Information Searching in Health Care: a workbook for occupational therapists and physical therapists, by Renee Williams, M.H.Sc., Dip. P. & O.T.; Lynda Baker, M.L.S., R.N.; and Joanne Marshall, M.H.Sc., M.L.S. Hamilton, Ontario: McMaster University Bachelor of Health Science Programme: 1986. Spiral binding, 50 + xxi pp.

This publication outlines the information seeking skills that are essential to allow occupational and physical therapists to exploit the vast published literature available to them. Organised so as to permit the reader to work through a series of library resources and services to locate pertinent literature, the workbook also aims to develop critical appraisal skills in its readers with respect to the literature they are learning to find.

Cost of the workbook is \$7.35, plus \$2.00 postage and handling. Cheques must be payable to McMaster University. Order from:

Health Sciences Bookstore
Health Sciences Centre, Room 1M2
McMaster University
1200 Main Street West
Hamilton, Ontario
L8N 3Z5

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Healthstyles: a report of a community health promotion demonstration project. Ottawa: 1986. 314 pages.

This report is the culmination of a four-year project supported by a grant from the Kellogg Foundation which aimed at demonstrating and evaluating an adult health promotion and wellness programme. Six chapters are devoted to programme design, promotion, resources, staffing and details of the programme itself. Chapters on evaluation design and the results of the programme follow. As the report blends technical and non-technical aspects of programme delivery and evaluation, it should be relevant to academics, policy makers and to those interested in the preparation and provision of health promotion and wellness programmes.

Cost of the publication is \$14.50. Order from:

Alison Black
Healthstyles Demonstration Project Coordinator
Centretown Community Health Centre
100 Argyle Avenue
Ottawa, Ontario
K2P 1B6

Canadian Library Microcomputer Directory, compiled by Ellen Jones and Tanis Fink.

Includes 187 libraries (academic, special and public) across Canada and details 1,138 applications, using 132 hardware configurations and 215 software packages.

Cost of the publication is \$30.00; orders must be prepaid. Cheques must be payable to E. Jones and Associates. Allow 4 - 6 weeks delivery. Order from:

E. Jones and Associates
P.O. Box 38, Station A
Downsview, Ontario
M3M 2G0

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Continuing education for nurses: short-term nursing courses in Canada, 1986/87; Nursing programs and entrance requirements at Canadian universities, 1986/87; and Suggested list of periodicals for nurses for the Canadian health science library.

The titles appearing above are only three of those appearing on a recent list of publications now available from the Helen K. Mussallem Library of the Canadian Nurses Association (CNA). To obtain the full list of materials available in French and English, or copies of any CNA publication, write:

Publications Sales Department
Canadian Nurses Association
50 The Driveway
Ottawa, Ontario
K2P 1E2

* * * * *

Cost and volume of laboratory services in Canada 1976 to 1982-83, compiled by the Health Information Division of the Policy, Planning and Information Branch of Health and Welfare Canada. Ottawa: Health and Welfare Canada: 1986. Typescript, 76 leaves foolscap, stapled.

This report updates an earlier one (with a similar title) covering the years 1971-1975, which was revised in July 1981. It offers statistics by province on laboratory services in hospitals, provincial or public health laboratories, private

physicians' offices and commercial laboratories. For information on availability and price of the document, contact:

Gilles Fortin
Health Information Division
Information Systems Directorate
Policy, Planning and Information Branch
Health and Welfare Canada
Ottawa, Ontario
K1A 0K9

Telephone: (613) 957-1375

* * * * *

Federal/Provincial Advisory Committee on Health Human Resources. **Bursaries and incentive programs for health professionals in Canada 1986.** Ottawa: Health Services Directorate, Health Services and Promotion Branch, Health and Welfare Canada: 1987. Mimeographed, pages unnumbered. Price not stated.

This appears to be a second attempt (an earlier one, says the introduction, appeared in 1983) to list, systematically, bursaries and incentive programmes available to health professionals from the various provincial and territorial governments in Canada, and from the federal government. The data are presented by jurisdiction; it is clear that the programmes covered are ones intended to increase the human resources available and to improve their geographic distribution in underserved regions of the country. The issuing body intends to update the publication annually from this point on.

Order copies from:

Secretariat, Federal/Provincial Advisory Committee on
Health Human Resources
Division of Health Human Resources
Health Services and Promotion Branch
Health and Welfare Canada
Jeanne Mance Building, Room 886
Tunney's Pasture
Ottawa, Ontario
K1A 1B4

Telephone (613) 954-8670

Union list of selected serials compiled by the Manitoba Health Libraries Association.
Winnipeg: Manitoba Health Libraries Association: 1987. Pages unnumbered.

The Manitoba Health Libraries Association Union list of selected serials lists over a thousand titles from eighteen health libraries in the province of Manitoba. In addition to providing journal holdings information, the list offers a directory of participating libraries, and a guide to participation in the project. Conceived as an aid to co-operative collection development and fast interlibrary lending, the list is published every two years.

The list is available to institutional or associate members of the Manitoba Health Libraries Association at a cost of \$25.00, and to non-members of the association at \$35.00. There is a 40% reduction in cost to members who submit their periodicals holdings for inclusion in the file.

Make cheques or money orders payable to the Manitoba Health Libraries Association and send to:

Hélène Proteau, Serials Holdings Committee
Manitoba Health Libraries Association
P.O. Box 232
Winnipeg, Manitoba
R3M 3S7

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BOOK REVIEW

Recommended list of books, journals and reference materials for small health sciences libraries, 3rd edition, compiled by the Publications Sub-Committee of the Medical Libraries Section (Victorian Group), Australian Library and Information Association¹. Ultimo, N.S.W.: Australian Library and Information Association: 1987. 53 pp. Price: A\$17.00 to members; A\$25.00 to non-members². ISBN 0-86804-043-6.

Reviewed by: Mary Anne Trainor
Acquisitions and Serials Librarian
Health Sciences Library
McMaster University
Hamilton, Ontario

It would be all too easy to dismiss this book after reading the first sentence in the introduction since it is meant to provide a core list for small clinical health sciences libraries in Australia. Upon further examination of its content, however, one finds that the book supplements the more familiar (in North America) core lists of Brandon and Hill³.

The book is arranged in three parts. Part one lists recommended books in alphabetical order by subject. The usual bibliographic information and approximate price are given. There are special notes for books which are regularly revised, in preparation, or about to be released in a new edition. The subjects covered in this book span the subjects covered in the Brandon and Hill lists for a small medical library, nursing and allied health, but there are far fewer titles per subject in the Australian tool. An indication as to which books are more important in a core collection than others would be helpful in situations where the budget does not permit the purchase of all recommended titles. Many of the recommended titles do not appear in the Brandon and Hill lists, but could be thought of as supplementary to these lists. The list may have more appeal for Canadian health sciences libraries than for our American counterparts since there are more British imprints included than there are in the Brandon and Hill lists. There is no apparent Australian bias except in *law* and *ethics*, *hospitals* and *statistics*. An alphabetical listing by author would have been helpful for checking against one's own collection.

Part two lists recommended journals in alphabetical order by subject. Again, an alphabetical list by title would have helped in checking the list against one's own

¹ Formerly, the Library Association of Australia.

² Those who wish to purchase this title may do so by writing: Australian Library and Information Association, 376 Jones Street, Ultimo, New South Wales, 2007, Australia.

³ See references at the end of this review for the most recent editions of Brandon and Hill lists.

holdings. The journal section shows the country of origin, the frequency of the journal, and the price as listed in *Ulrich's International Periodicals Directory*, 24th edition, 1985. As one would expect, Australian journals are listed in most of the subject categories, but the list is well balanced. Again, as with the book list, there has been no attempt to specify the most important titles in case a library cannot purchase all of those recommended.

Part three, a list of reference materials for the health sciences library, is a very welcome addition to a core list. Australian directories and handbooks are emphasized. Even though Canadian health sciences libraries depend heavily on Canadian and U.S. sources of information, there are occasions when it is necessary to refer to Australian reference material. This list will help to locate the title of the appropriate source.

Generally, the list is current, easy to read, and a good list to supplement the Brandon and Hill lists for collection development or evaluation. Unfortunately, the cost of the list may prohibit many from making use of it, considering that the Brandon and Hill lists can be obtained, free of charge, from many book distributors.

References

Brandon AN and Hill DR. *Selected list of books and journals for the small medical library*. *Bulletin of the Medical Library Association* 1985: 73: 176-205.

Brandon AN and Hill DR. *Selected list of nursing books and journals*. *Nursing Outlook* 1986: 34: 74-80.

Brandon AN and Hill DR. *Selected list of books and journals in allied health sciences*. *Bulletin of the Medical Library Association* 1986: 74: 353-373.

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CANADIAN HEALTH LIBRARIES ASSOCIATION BOARD OF DIRECTORS / BMC Staff

DOROTHY FITZGERALD, President
Director, McMaster University Health
Sciences Library
1200 Main Street West
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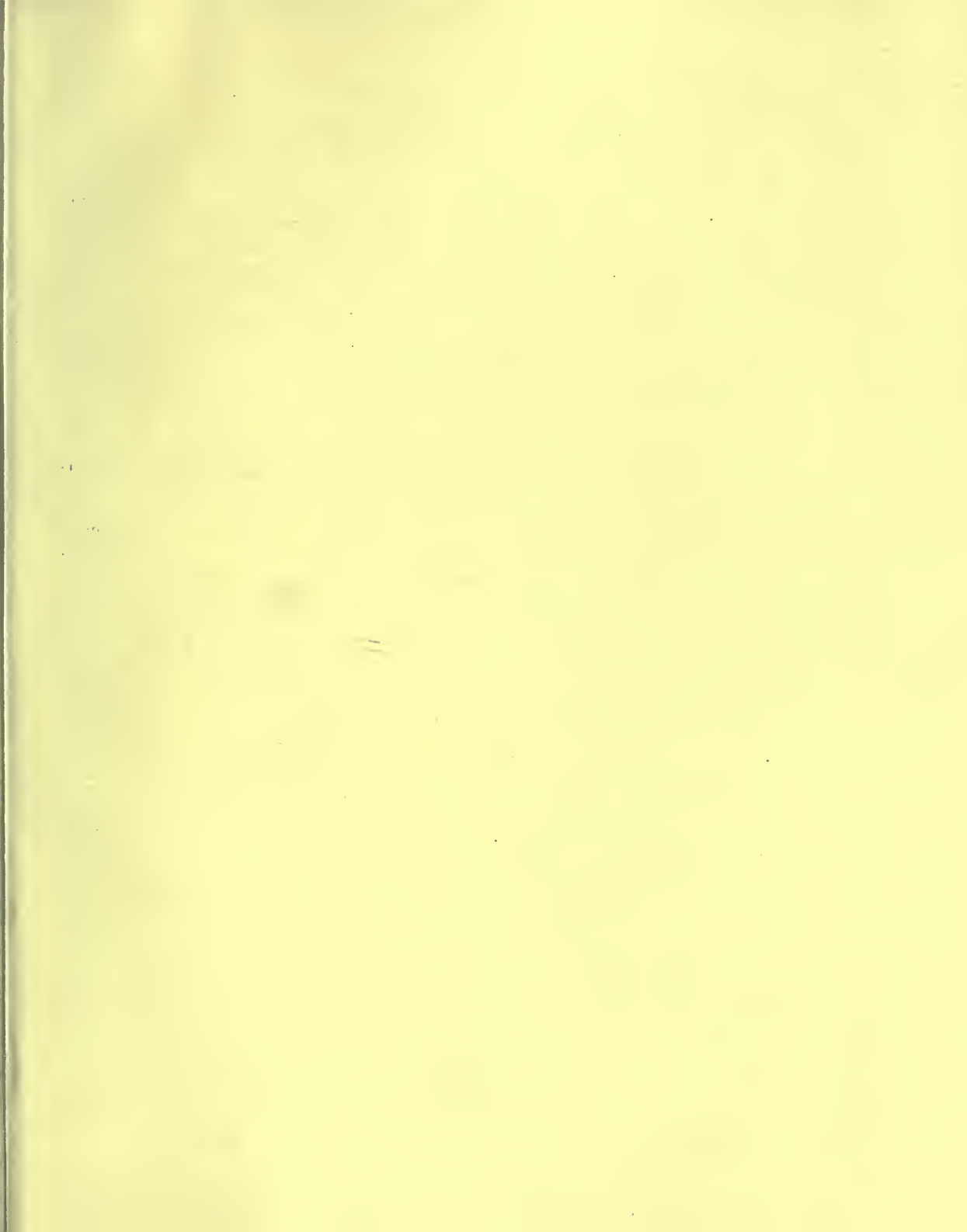
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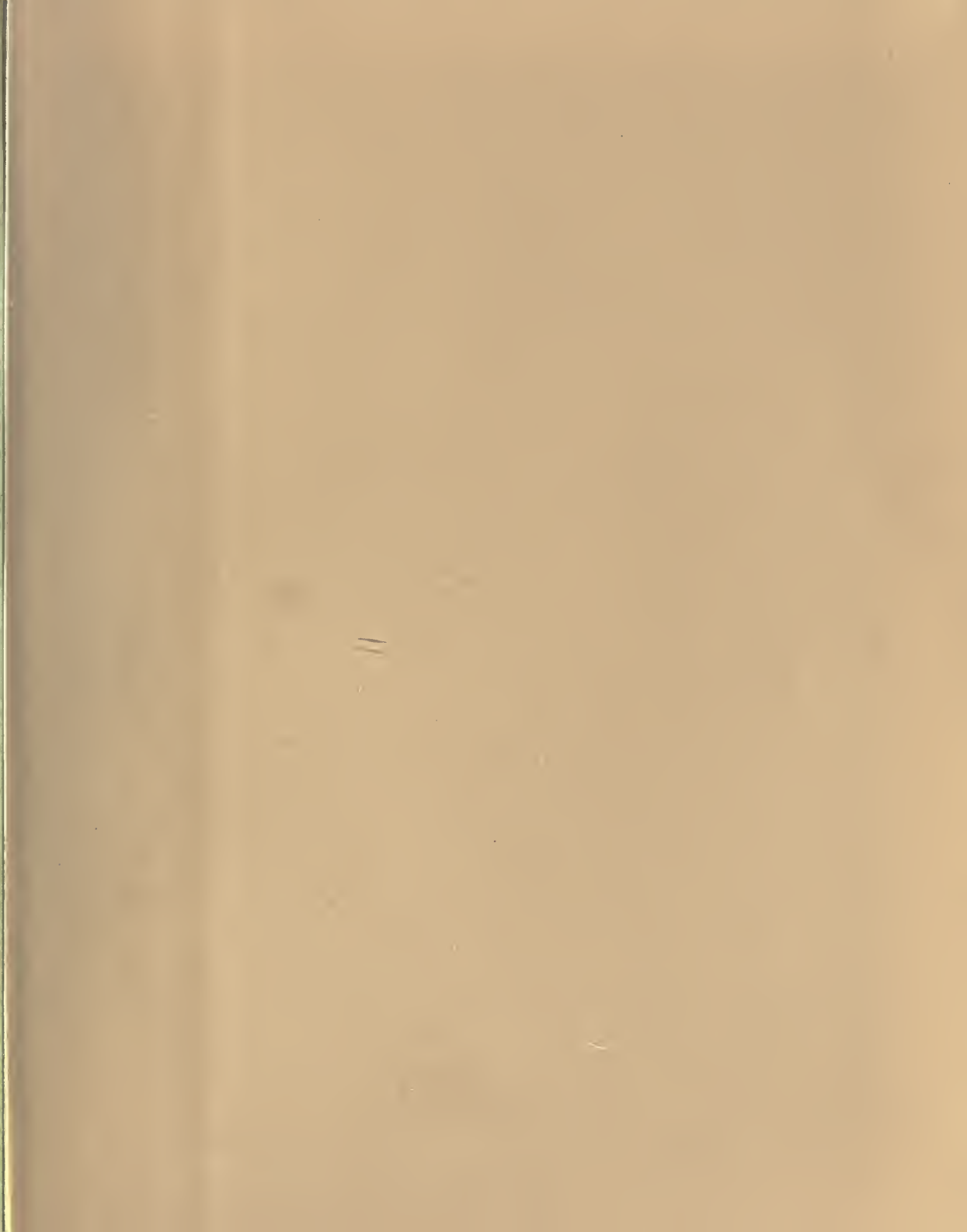
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